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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of DDStar Visions, In	e .	
DOCUMENT NUMBER: P12000072687	,	
The enclosed Articles of Dissolution and	I fee are submitted for filing	ng.
Please return all correspondence concerni	ing this matter to the follow	wing:
Wayne Merrill		
(Name o	of Contact Person)	
DDStar Visions, Inc		
(Fi	rm/Company)	
7855 Hawthorne Terrace Unit 1602		
(Address)	
Naples, Fl 34113-3161		
(City/S	tate and Zip Code)	
For further information concerning this m	natter, please call:	
Wayne Merrill	239-777-4497 at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
□ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	•	S52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: DDStar Visions. INc. The document number of the corporation (if known): P12000072687					
SECOND:						
THIRD:	The date dissolution was authorized: 10/28/2019					
	Effective date of dissolution if applicable:	<u> </u>		_		
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	ı for dis	ssolu	tion		
	Dissolution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:					
	The number of votes cast for dissolution was sufficient for approval by					
	(voting group)		2019 NOV 12 PM) 		
		ratio	ի։ 30	No. of Control		
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)					
	Wayne R. Merrill					
	(Typed or printed name of person signing)					
	President / Reyle / Mexicol (Title of person signing)					

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: _____DDStar Visions, Inc Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Notice of unpaid invoices Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 7855 Hawthorne Terrace, Unit 1602 Naples, FI 34113 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Wayne R Merrill Printed Name of the Person Filing