12/19/24, 1.30 PM Division of Corporations

Florida Department of State Davision of Con

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SHUFFIELD LOWMAN Account Number : I20030000118 Phone : (407)581-9800 Fax Number : (407)581-9801

> DISSOLUTION OR WITHDRAWAL IPD SALES CORP., INC.

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ARTICLES OF DISSOLUTION OF IPD SALES CORP., INC.

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation (the "Corporation") submits the following Articles of Dissolution:

FIRST: The name of the Corporation as currently filed with the Florida Department of State is "IPD SALES CORP., INC."

SECOND: The Articles of Incorporation for the Corporation were filed on July 24, 2013, and the Corporation was assigned Document Number <u>P13000062234</u>.

THIRD: Date dissolution was authorized: December 11, 2024

Effective date of dissolution (if different from date of filing): N/A

FOURTH: Adoption of Dissolution (CHECK ONE)

- Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval.
- Dissolution was approved by the shareholders through voting groups. The number of votes cast for dissolution was sufficient for approval by

FIFTH: Notice of Corporate Dissolution is attached.

IPD SALES CORP., INC.

John Thompson as Presiden

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NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolved corporation named below (the "Corporation") for resolution of payment of unknown claims against the Corporation as provided in s. 607.1407, Florida Statutes.

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

- 1. Name of Corporation: IPD SALES CORP., INC.
- 2. Date of Dissolution: The date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
- 3. Description of information that must be included in a claim:
 - a. Name of claimant.
 - b. Completed IRS Form W-9, Request for Taxpayer Identification Number and Certification.
 - c. Mailing address of claunant.
 - d. Name and phone number of contact person.
 - e. Description of claim.
 - f. Date(s) claim incurred.
 - g. Account number(s) (if applicable).
 - h. Invoice number(s) (if applicable).
 - i. Total amount of claim.
- 4. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

John Thompson 300 Stewart Road Hanover Township, PA 18706

5. A claim against the above-named Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.

IPD SALES CORP., INC.

Jolid Thompson, as President