FILED
May 14, 2018
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

DUSTBUNEEZ OF CENTRAL FLORIDA, INC

SECOND: The document number of the corporation: P13000080053

THIRD: The file date of the articles of incorporation: September 27, 2013

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: A majority of the incorporators authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: STACY NEILAN OWNER, PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED
May 14, 2018
Secretary of State

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.

Name of Corporation:

DUSTBUNEEZ OF CENTRAL FLORIDA, 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:

I HAVE BEEN UNABLE TO CONTINUE WORKING IN MY BUSINESS AS OF JANUARY 1, 2018, BECAUSE OF SERIOUS HEALTH ISSUES.

Mailing address where claims can be sent:

3841 ALAFAYA HEIGHTS ROAD
#109
ORLANDO, FL 32828

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: STACY NEILAN

Electronic Signature of the Person Filing