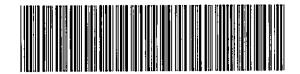
P13 000 088 928

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	us
Special Instructions to Filing Officer:	-

Office Use Only



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24 DEC 19 Fil 4: 42



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 12/19/24 Order #: 1730242-1 Re: Diligence, Inc

Processing Method: Routine

Charles on ...

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$43 75 FL State Account Number:

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dilige	ence, Inc.
DOCUMENT N	UMBER:
The enclosed Arti	icles of Dissolution and fee are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
Joan Lancellot	
	(Name of Contact Person)
Zenerji LLC	
	(Firm/Company)
5801Pelican Bay Blv	d., Suite 104
	(Address)
Naples, FL 34108	
	(City/State and Zip Code)
For further inform	ation concerning this matter, please call:
Joan Lancellot	at (²³⁹⁻⁴³⁶⁻²⁷⁶⁰
(Name	of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a chec	k for the following amount:
□ \$35 Filing Fee	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Diligence, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: December 31, 2024
	(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:	Dissolution was approved by the shareholders, in the manner required by this chapter, and the articles of incorporation.
	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)
	Addison M. Fischer
	(Typed or printed name of person signing)
	President
	(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: Diligence, Inc.
The above named corporation is the subject of dissolution and the effective date of a dissolution is:
December 31, 2024
(date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
a) Name, address and telephone number of claimant
b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges
c) A statement of the basis for and alleged facts underlying the claim.
d) A copy of any and all writings evidencing the claim or upon which the claim is based.
e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.
1) The date the facts underlying the claim occurred and the date the claim became known to the claimant.
g) Any other information relevant to the claim.
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
Attn: Paralegal, 5801 Pelican Bay Blvd., Suite 104
Naples, FL 34108
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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Addison M. Fischer Printed Name of the Person Filing