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To: Division of Corporations Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

DISSOLUTION OR WITHDRAWAL ARLEN 1807 CORP.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35,00

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From:

ARTICLES OF DISSOLUTION

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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: ARLEN 1807 CORP. The document number of the corporation (if known): P13000098805		
SECOND:			
THIRD:	The date dissolution was authorized: 3/8/18		
	Effective date of dissolution if applicable: (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 east for dissolution was sufficient for approval.		
	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)		
	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)		
	Guy Martin		
	(Typed or printed name of person signing)		
	Chief Financial Officer		
	(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: ARLEN 1807 CORP.	
Date of dissolution will be the date the dissolution is filed with specified in the Articles of Dissolution.	the Department of State or as
Description of information that must be included in a claim:	
Mailing address where claims can be sent: (Claims cannot be	eent to the Division of Corporations)
3363 NE 163RD STREET, SUITE 601	
NORTH MIAMI BEACH, FL 33160	
A claim against the above named corporation will be barred u	nless a proceeding to enforce the claim is commenced
within 4 years after the filing of this notice.	G. Mants
Guy Martin	<u> </u>
Printed Name of the Person Filing	Signature of the Person Filing