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R. WHILE

COVER LETTER

TO: Amendment Section

SUBJECT: DISSOCUTION OF CORPORATION DOCUMENT NUMBER: P1400008188 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DUY HUYNH (Name of Contact Person) EO:N TAKON TO: (Firm/Company) 1729 P:NUM P:NE OR (Address) SACASOTA RE 3 4344 (City/State and Zip Code) For further information concerning this matter, please call: DUY HUYNH (Name of Contact Person) at (941) 326-7646 (Name of Contact Person) Enclosed is a check for the following amount: \$\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
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(Name of Contact Person) EO:N TAKON TO: (Firm/Company) 1729 P:NYON P:NE OR. (Address) SARASCIM, R. 3 4340 (City/State and Zip Code) For further information concerning this matter, please call: Ouy Huynh at (941) 32c-7646 (Name of Contact Person) Enclosed is a check for the following amount: (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (Additional copy is enclosed) (Additional copy is enclosed) (Additional copy is enclosed)
(Name of Contact Person) EON TAKON TO C. (Firm/Company) 172 9 PNYON PNE OR. (Address) SARASON, R. 3 4240 (City/State and Zip Code) For further information concerning this matter, please call: ON HOYANA at (941) 32a-7646 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: A\$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is
(Firm/Company) 1729 P. WOO P. WE OR. (Address) SACAS GM, R. 3 4340 (City/State and Zip Code) For further information concerning this matter, please call: 1044 August 100 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (Area Code) (Additional copy is Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is Certified Copy (Additional copy is enclosed)
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MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Corporations Amendment Section Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:
	EDIN JAXON, INC.
SECOND:	PINACOCOPIES
THIRD:	The date dissolution was authorized:
	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 cast 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)
	Simon
	(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)
	HUYNH YUC B
	(Typed or printed name of person signing)
	PREJIDENT

(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.

EDIN JAXON INC. Name of Corporation: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1729 PINYON PINC DR. 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. HUYUH PCO Printed Name of the Person Filing Signature of the Person Filing