PH00000H22

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			
J. HORNE FEB - 4 2025			

Office Use Only

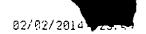


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FILED 2025 FEB - 3 PH 12: 19

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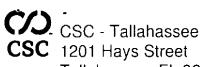


ARTICLES OF DISSOLUTION

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 H&B Transport USA Corp.	Siller (CO
SECOND:	The document number of the corporation (if known): P20000056131	را الم
THIRD:	The date dissolution was authorized: 2/3/2025	
•	Effective date of dissolution if applicable:	3
÷.	(no more than 90 days after dissolution f	le date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	1 1. 2.
	Dissolution was approved by the shareholders. The number of votes east for was sufficient for approval.	or dissolution
	☐ Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	titled
•	The number of votes east for dissolution was sufficient for approval by	
:		a :
	(voting group)	
		•
	· · · · · · · · · · · · · · · · · · ·	
:	Λ /	,':
· · ·	Signature:	
	(By a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
_		
Ę	Belkis Munoz SUZ	
	(Typed or printed name of person signing)	
P	RESIDENT	
	(Title of person signing)	

Filing Fee: \$35



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

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 02/03/25 Order #: 1810058-2

Re: Mediapro US HR Services, Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$35.0 - FL State Account Number: I20000000195

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.