# P150000416572

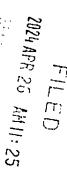
(Requestor's Name)
(Requestors Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. HORNE MAY - y 2024
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Office Use Only



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# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Section 607.1403, Florida Statutes, provides for the dissolution of a corporation that has issued shares.

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

<u>NOTE:</u> A Notice of Corporate Dissolution form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

### **FEES:**

Articles of Dissolution \$ 35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$ 8.75 Certificate of Status (optional) \$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

#### 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

For further information, you may contact the Amendment Section at (850) 245-6050.

CR2E012 (12/19)

## **COVER LETTER**

TO: Amendment Section		
Division of Corporations		
SUBJECT: ARTICLES OF DISSOLUTION		
DOCUMENT NUMBER: P15000046572		
The enclosed Articles of Dissolution and f	ee are submitted for filing	<u>,</u>
Please return all correspondence concerning	g this matter to the follow	ing:
ANGEL LUPO		
(Name of	Contact Person)	
SINGERLEWAK		
(Firm	n/Company)	
10960 WILSHIRE BLVD, SUITE 1100		
(A	ddress)	
LOS ANGELES, CA 90024		
(City/Sta	te and Zip Code)	
For further information concerning this ma-	tter, please call:	
GABBY BELTRAN	at ( <u>310-477-3924</u>	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
■ \$35 Fifing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & 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	Amer Divis The C	t Address: Idment Section Idment Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles 6 of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  LONE WOLF ENTERTAINMENT, INC.
SECOND:	The document number of the corporation (if known):
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:	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)
	ANGEL LUPO
	(Typed or printed name of person signing)

(Title of person signing)

**PRESIDENT**