

P15 000094438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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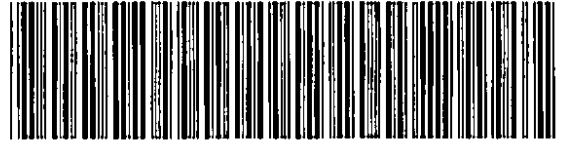
(Business Entity Name)

(Document Number)

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*Revocation of  
dissolution*

04/04/20--01005--015 \*\*43.75

2022 APR -4 PM 1: 11  
STATE

FILED

A. RAMSEY  
APR 22 2022

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

Sarnoff Solutions, Inc.

**NAME OF CORPORATION:** \_\_\_\_\_  
P1500009-4438

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc David Sarnoff

\_\_\_\_\_  
Name of Contact Person

Sarnoff Solutions, Inc.

\_\_\_\_\_  
Firm/Company

3100 Virginia Street

\_\_\_\_\_  
Address

Miami, Florida 33133

\_\_\_\_\_  
City/State and Zip Code

trsarnoff@mc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc David Sarnoff

786

303-5966

At (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing 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

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

Sarnoff Solutions, Inc.

FIRST: The name of the corporation is: \_\_\_\_\_

PI5000094438

SECOND: The document number of the corporation (if known) is \_\_\_\_\_

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

12/23/2021

filed with the Florida Department of State is \_\_\_\_\_

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.

03/29/2022

FOURTH: The Revocation of Dissolution was authorized on \_\_\_\_\_

FIFTH: Adoption of Revocation of Dissolution (check one)

- checkboxes for board of directors/ incorporation, board of directors, and shareholders revoking dissolution

SIXTH: A copy of the Articles of Dissolution is attached.

Signature [Handwritten 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)

Marc David Sarnoff [Handwritten Name] (Typed or printed name of person signing)

President (Title of person signing)

FILING FEE \$35

2022 APR -4 PM 1:11 FILED

FILED  
Dec 23, 2021  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:  
SARNOFF SOLUTIONS, INC.
- SECOND: The document number of the corporation: P15000094438
- THIRD: The date dissolution was authorized: December 23, 2021  
Effective date of dissolution: December 31, 2021
- FOURTH: Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: OCTAVIO MARRERO CPA  
\_\_\_\_\_  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative