

**FILED
Dec 28, 2020
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:
SMC HERITAGE, INC.

SECOND: The document number of the corporation: P15000101075

THIRD: The date dissolution was authorized: December 23, 2020

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: MYLENE CHOQUETTE AUTHORIZED OFFICER

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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.

Name of Corporation:

SMC HERITAGE, INC.

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:

THE NAMES OF PARTY OR PARTIES MAKING THE CLAIM; AN ADDRESS AND TELEPHONE NUMBER OF THE PARTY OR PARTIES MAKING THE CLAIM; A BRIEF DESCRIPTION OF THE NATURE OF THE CLAIM; THE DATE THAT THE CLAIM AROSE.

Mailing address where claims can be sent:

351 MONSEIGNEUR PAIEMENT
BOUCHERVILLE, QC J4B 1H5 CA

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.

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: MYLENE CHOQUETTE

Electronic Signature of the Person Filing