P1600006321

| (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: | | | | |
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Office Use Only



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COVER LETTER .

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

| SUBJECT: Disso | llution Of A Corporation The | at Has Issued Shares | |
|----------------------|--|---|--|
| DOCUMENT NU | JMBER: | <u> </u> | |
| The enclosed Arti | cles of Dissolution and t | ee are submitted for filin | g. |
| Please return all co | orrespondence concernin | g this matter to the follow | ving: |
| Melinda Kibler, CFP | , EA | | |
| | (Name of | Contact Person) | |
| Palisades Hudson F | inancial Group LLC | | |
| | (Fin | n/Company) | |
| 200 SW 1st Ave Sui | te 1250 | | |
| | (A | ddress) | |
| Fort Lauderdale, Flo | orida 33301 | | |
| | (City/Sta | te and Zip Code) | ··· |
| For further informa | ation concerning this ma | tter, please call: | |
| Melinda Kibler, CFP | , EA | at (⁽⁹⁵⁴⁾ 524-5552 | |
| (Name o | of Contact Person) | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a chec | k for the following amou | nt: | |
| ■ \$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: | | Street Address: | |

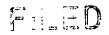
Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810



ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following farticles

of dissolution:

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FIRST: The name of the corporation as currently filed with the Florida Department of State: Wiltril Inc. P16000006321 SECOND: The document number of the corporation (if known): The date dissolution was authorized: ____ THIRD: 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 - it directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Chaz Mishan (Typed or printed name of person signing) President

Filing Fee: \$35

(Title of person signing)