

P 16 000020932

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

**DISSOLUTION OR WITHDRAWAL
ZCON, INC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

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**ARTICLES OF DISSOLUTION
OF
ZCON, INC.
(A Florida Profit Corporation)**

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

1. The name of this Florida corporation is: ZCON, INC. (the "Corporation").
2. The document number of the Corporation is P16000020932.
3. The dissolution was approved as of October 31, 2022. The effective date of dissolution is upon filing of these Articles of Dissolution with the Secretary of State of Florida.
4. Dissolution was recommended by the board of directors of the Corporation, and unanimously approved by the holders of all of the issued and outstanding of the capital stock of the Corporation.
5. All debts, obligations and liabilities of the Corporation have been paid or discharged.
6. All remaining assets of the Corporation have been distributed to the Shareholder.
7. There are no suits pending against the Corporation in any court.

DATED: October 31, 2022

ZCON, INC.

/s/ Eric Kontos

By: _____

Name: Eric Kontos

Title: Secretary/Treasurer

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NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolving corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

Name of Corporation: ZCon, Inc.

Document Number of Corporation: P16000020932.

Date of Dissolution: October 31, 2022

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: ZCon, Inc., 10527 100th Street South, Boynton Beach, Florida 33472.

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.

ZCON, INC.

/s/ Eric Kontos

By: _____

Name: Eric Kontos

Title: Secretary/Treasurer

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