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:

LIVNA NATIV, P.A.

The document number of the corporation: P16000063080 SECOND:

THIRD: The date dissolution was authorized: September 8, 2022

Effective date of dissolution: September 8, 2022

Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation. FOURTH:

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: LIVNA NATIV **PRESIDENT**

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

FILED Sep 08, 2022 Secretary of State

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:

LIVNA NATIV, P.A.

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:

LIVNA NATIV P.A. HAS CEASED BUSINESS OPERATIONS EFFECTIVE SEPTEMBER 8, 2022.

Mailing address where claims can be sent:

285 PINE SHADOW WAY WELLINGTON, FL 33414

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: LIVNA NATIV

Electronic Signature of the Person Filing