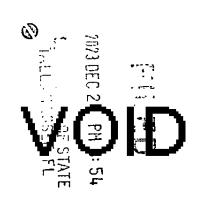
P16000085849

(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:
15. Hester 216/25



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Duplicate Filling. Also filed online. dcc 02/20/25

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COVER LETTER

TO: Amendment Section

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Dissolution of Mayac, Inc.	
DOCUMENT NUMBER: P16000085849	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Carolina Marazzi	
(Name of Contact Person)	
Mayac, Inc. C/O Zachary B. Dickens, White & Case LLP	
(Firm/Company)	
200 South Biscayne Blvd., Suite 4900	
(Address)	
Miami, FL 33131-2352	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Carolina Marazzi c/o White & Case LLP at ((305) 995-5217	
(Name of Contact Person) (Area Code) (Daytime Telephone Nur	nber) 📆
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee ↓ Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	OF STATE

Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The document number of the corporation (if known): P16000085849

The name of the corporation as currently filed with the Florida Department of State:

FIRST:

SECOND:

Mayne, Inc.

THIRD:	The date dissolution was authorized: December 13, 2024
	Effective date of dissolution if applicable: December 19, 2024 (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 - 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)
	Carolina Marazzi
	(Typed or printed name of person signing)
	President, Treasurer, Secretary, and Director of Mayac, Inc.
	(Title of nemon signing)

Filing Fee: \$35

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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation _Mayac, Inc. The above named corporation is the subject of dissolution and the effective date of a dissolution is: ____ December 19, 2024 (date filed with the Dept if date specified in the Articles of Dissolution) Description of information that must be included in a claim: A claim against Mayac, Inc. must be in writing and provide a return mailing address. A claim against Mayac, Inc. will be barred under Section 607.1407, Florida Statutes, unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Mailing address where written claims can be sent. (Claims cannot be sent to the Division of Corporations) Mayac, Inc. C/O Zachary B. Dickens White & Case LLP 200 South Biscayne Boulevard, Suite 4900 Miami, FL 33131-2352 A claim against the above named corporation will be barred unless a proceeding to enforce the claim within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing

Carolina Marazzi

Printed Name of the Person Filing