## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

RECEIVABLE MANAGEMENT AND RECOVERY SERVICES, INC.

SECOND: The document number of the corporation: P16000098926

THIRD: The file date of the articles of incorporation: December 15, 2016

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to

the shareholders, if shares were issued.

SEVENTH: A majority of the directors authorized the dissolution.

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: STACEY NEEDLE-FASMAN PRESIDENT

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

## FILED Oct 30, 2018 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:

RECEIVABLE MANAGEMENT AND RECOVERY SERVICES, 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:

CLAIMANTS NAME, CLAIMANTS ADDRESS, CLAIM AMOUNT, DATE CLAIM ACCRUED AND BASIS OF CLAIM

Mailing address where claims can be sent:

5300 NW 33RD AVENUE 206A FORT LAUDERDALE, FL 33309

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: STACEY NEEDLE-FASMAN

Electronic Signature of the Person Filing