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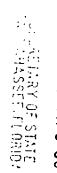
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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2025 JAN -6 PM 3: 3

COVER LETTER

TO: Amendment Section Division of Corporations REQUEST FOR DISSOLUTION: NEW X CORPORATION SUBJECT: DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTIAN BAZAN (Name of Contact Person) NEW X CORPORATION (Firm/Company) 20979 NW 1ST DR (Address) PEMBROKE PINES, FL 33029 (City/State and Zip Code) For further information concerning this matter, please call: CHRISTIAN BAZAN (Area Code & Daytime Telephone Number) (Name of Contact Person) 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 & Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional copy is

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

enclosed)

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: NEW X CORPORATION
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: 02 16/2017
FOURTH:	None of the corporation's shares have been issued.
FIFTH:	No debt of the corporation remains unpaid.
SEXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
SEVENTII	MMM
Sigi	(By a director, president or other officer - it 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.)
	CHRISTIAN BAZAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of Person 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.

NEW X CORPORATION Name of Corporation:	
The above named corporation is the subject of dissolution and the effective date of a dissolution is: TUESDAY, DECEMBER 31ST 2024 (12/31/2024)	
(date filed with the Dept. if date specified in the Articles of Dissolution)	_
Description of information that must be included in a claim:	
	_
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 20979 NW 1ST DR	
PEMBROKE PINES, FL 33029	_
TEMBRONE TRAIS, 16 33027	
	6707
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is common within 4 years after the filing of this notice.	icide RT 10
CHRISTIAN BAZAN Printed Manua of the Person Eding Signature of the Person Eding	ر ن ن-

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