

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:
NILZA KELLY ASSIS PA
- SECOND: The document number of the corporation: P17000019490
- THIRD: The file date of the articles of incorporation: February 28, 2017
- 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: NILZA KELLY ASSIS NILZA KELLY ASSIS
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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:

NILZA KELLY ASSIS PA

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:

NLZA KELLY PA DOCUMENT NUMBER : P17000019490 FEI/EIN NUMBER : 81-54622109 DATE
FILLED: 02/25/2017 STATE: FL ADDRESS: 11950 NE 16 AV APT 106, NORTH MIAMI, FL 33161
DATE OF DISSOLUTION:06/26/2018

Mailing address where claims can be sent:

11950 16TH AVE NE, 106
11950 16TH AVE NE, 106
NORTH MIAMI, FL 33161 UN

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: NILZA KELLY ASSIS

Electronic Signature of the Person Filing