FILED
Jun 30, 2020
Secretary of State

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:

BROWARD HOME IMPROVEMENT COMPANY, INC.

SECOND: The document number of the corporation: P17000084800

THIRD: The file date of the articles of incorporation: October 19, 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, if any, have been distributed.

SEVENTH: A majority of the incorporators or 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: JOSEPH A PELLICANE PRESIDENT

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

FILED
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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:

BROWARD HOME IMPROVEMENT COMPANY, 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:

I BROWARD HOME IMPROVEMENT COMPANY, INC. I CANT SEEM TO MAKE A LIVING HERE IN THIS TRADE PLUS ALL THE OTHER VENTURES I AM INVOLVED IN SO AT THIS TIME THIS IS THE BEST THING I CAN DO

Mailing address where claims can be sent:

2101 NW 33RD ST
SUITE 1200B
POMPANO BEACH, FL 33069 US

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: JOSEPH A PELLICANE

Electronic Signature of the Person Filing