

FILED
Apr 14, 2024
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:
CC SECURED IT SOLUTIONS CORP

SECOND: The document number of the corporation: P18000066120

THIRD: The file date of the articles of incorporation: August 1, 2018

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: CYNTHIA MURPHY PRESIDENT

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:

CC SECURED IT SOLUTIONS CORP

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:

WE REGRET TO INFORM YOU THAT CC SECURED IT SOLUTIONS CORP, A C CORPORATION, HAS MADE THE DECISION TO DISSOLVE. THIS DECISION WAS REACHED AFTER CAREFUL CONSIDERATION OF THE COMPANY'S FINANCIAL STANDING AND FUTURE PROSPECTS

Mailing address where claims can be sent:

4142 MARINER BLVD #230
SPRING HILL, FL 34609

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: CYNTHIA MURPHY

Electronic Signature of the Person Filing