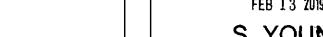
180000

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

Office Use Only





500324300225

FEB 13 2019 S. YOUNG



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 628228 4338768 AUTHORIZATION COST LIMIT : ORDER DATE: February 11, 2019 ORDER TIME : 10:01 AM ORDER NO. : 628228-005 CUSTOMER NO: 4338768 DOMESTIC FILINGS NAME: FORIS, INC. XX ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY

XX PLAIN STAMPED COPY
XX CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations SUBJECT: FORIS INC. P18000101511 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: ___ at (____) _____(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

(Name of Contact Person)

□ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status

Certified Copy (Additional copy is

Certificate of Status & Certified Copy

enclosed)

(Additional copy is

enclosed)

MAILING ADDRESS:

TO: Amendment Section

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

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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: FORIS INC
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation:
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
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	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	nature: James Grabon
8-	(By a director, president or other officer - if 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.)
	James Grabow
	(Typed or printed name of person signing)
	Secretary & Treasurer
	(Title of Person Storing)

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.

FORIS INC. Name of Corporation: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) c/o JAMES GRABOW, 246 N SWINTON AVE., DELRAY BEACH, FL 33444 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. James Grabow, Secretary & Treasurer Printed Name of the Person Filing

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