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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

> DISSOLUTION OR WITHDRAWAL AEON INC.

Certificate of Status	()
Certified Copy	0
Page Count	103
Estimated Charge	\$35,00

Electronic Filing Menu — Corporate Filing Menu

Help

To:

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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: AEON INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with the date inserted in this block does not meet the applicable statutory filing requirements, this date with the date inserted in this block does not meet the applicable statutory filing requirements.
FOURTH:	not be listed as the document's effective date on the Department of State's records. Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
Ş	Signature: (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)
	Roben Kohn
	(Typed or printed name of person signing) Chief Operating Officer
-	(Title of person signing)

Filing Fee: \$35

Page, 5 of 5

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.

The above named corporation is the subject of dissolution and the effective da	te of a dissolution is:
January 31, 2023	
(date filed with the Dept. if date specified in the Articles of	Dissolution)
Description of information that must be included in a claim:	2023 JAN SERTALLA
Information sufficient to bring a claim in this jurisdiction.	LAI
	>>
	<u> </u>
Mailing address where written claims can be sent: (Claims cannot be sent to the Randy Zoesch P.O. Box 387	e Division of Corporations)
P.O. BOX 387	
Park Falls, WI 54552	
A claim against the above named corporation will be barred unless a proceeding within 4 years after the filing of this notice.	ng to enforce the claim is commenced
A claim against the above named corporation will be barred unless a proceedir vithin 4 years after the filing of this notice.	ng to enforce the claim is commenced
A claim against the above named corporation will be barred unless a proceeding vithin 4 years after the filing of this notice.	ng to enforce the claim is commenced

Signature of the Person Filing

Printed Name of the Person Filing