P19000032727

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations SUBJECT: ____ P19000032727 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Esther Pontiff (Name of Contact Person) ZIA Eyewear Inc. (Firm/Company) 10964 NW 58 Terrace (Address) Miami, Florida 33178 (City/State and Zip Code) email: esther fp. agg@gmail.com For further information concerning this matter, please call: Esther Pontiff (Name of Contact Person) (Area Code) (Davtime Telephone Number) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **Mailing Address:** Street Address: Amendment Section Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassec, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ZIA Eyewear Inc.

SECOND: The document number of the corporation (if known):

P19000032727

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 will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature	
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)
Esther Por	niff
	(Typed or printed name of person signing)
Co-Found	er

Filing Fee: \$35

(Title of person signing)