

P19 000047994

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : LAW OFFICES OF MICHAEL A. HALBERG, P.A.
 Account Number : I20100000044
 Phone : (954)252-0589
 Fax Number : (954)320-4555

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2023 DEC -4 AM 9:28
TALLAHASSEE, FL

**DISSOLUTION OR WITHDRAWAL
QUNCHUANG CORP**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

2023 DEC -4 PM 4:06

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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:
Qunchuang Corp

SECOND: The document number of the corporation (if known): P19000047994

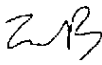
THIRD: The date dissolution was authorized: November 15, 2023

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.

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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)

Tao Pan

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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.

Name of Corporation: Qunchuang Corp

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

1. Name, address, phone number and email address of Claimant, including contact person
2. Dollar amount of Claim
3. Documentation supporting claim including, but not limited to, itemized invoices and/or billing statements, copies of contracts or agreements, etc.

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 TALLAHASSEE, FL
 STATE OF FLORIDA

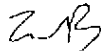
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

The Law Offices of Michael A. Halberg, P.A.
 1401 Sawgrass Corporate Parkway
 Ft. Lauderdale, FL 33323

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.

Tao Pan, Secretary

 Printed Name of the Person Filing



 Signature of the Person Filing

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