

PI9000074459

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(Address)

(Address)

(City/State/Zip/Phone #)

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2024 MAY -2 AM 10:07
CLERK OF SUPERIOR COURT
JULIA M. STANLEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF TRUE NORTH FL INC.

DOCUMENT NUMBER: P19000074459

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. SCOTT WALKER

(Name of Contact Person)

FOLDS WALKER, LLC

(Firm/Company)

527 E. UNIVERSITY AVENUE

(Address)

GAINESVILLE, FLORIDA 32601

(City/State and Zip Code)

For further information concerning this matter, please call:

S. SCOTT WALKER

(Name of Contact Person)

at (352) 372-1282

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|---|--|---|---|

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 MAY -2 AM 10:07
TALLAHASSEE
FLORIDA

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:
TRUE NORTH FL INC.

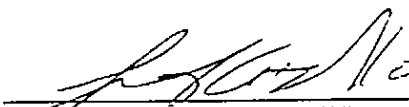
SECOND: The document number of the corporation (if known): P19000074459

THIRD: The date dissolution was authorized: MARCH 2, 2024

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: 
(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)

SCOTT COSTELLO
(Typed or printed name of person signing)

CO-CEO
(Title of person signing)

Filing Fee: \$35

FILED
2024 MAY -2 AM 10:07
SECRETARY OF STATE

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: TRUE NORTH FL INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: MARCH 2, 2024

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

Description of information that must be included in a claim:

NAME OF CREDITOR, ADDRESS OF CREDITOR, AMOUNT OF CLAIM, SECURITY FOR CLAIM, UNDERLYING
DOCUMENTS ASSOCIATED WITH CLAIM

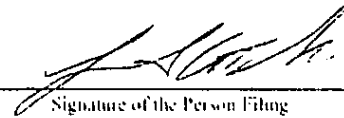
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

527 E. UNIVERSITY AVENUE, GAINESVILLE FL 32601

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.

SCOTT COSTELLO

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