

FILED
Dec 10, 2019
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
MEDICAL MARIJUANA CLINIC OF ALTAMONTE SPRINGS INC

SECOND: The document number of the corporation: P19000082456

THIRD: The file date of the articles of incorporation: October 28, 2019

FOURTH: 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: A majority of the incorporators authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: QUOC HA PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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.

Name of Corporation:

MEDICAL MARIJUANA CLINIC OF ALTAMONTE SPRINGS INC

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:

THIS CORPORATION HAS NOT ISSUED STOCK OR STARTED ANY BUSINESS ACTIVITY AND WAS FORMED IN ERROR. THIS ENTITY NEEDS TO BE DISSOLVED.

Mailing address where claims can be sent:

23275 S POINTE DRIVE
100
LAGUNA HILLS, CA 92653

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: QUOC HA

Electronic Signature of the Person Filing