P20000022458

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
. (Document Number)					
Pertified Copies Certificates of Status					
ecial Instructions to Filing Officer:					

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SULKET -



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/22/2021			
	Jennifer Bialo	was		
Referenc	ce #: 131833	31		
		AMPLIOSPEECH, INC.	<u>. </u>	
A A C R		uthorization to Transact Busine	ess	First
☑ D	lerger issolution/Withdrawal ictitious Name ther		1	
	e:	35.00		

F: 800.944.6607

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: __ __ ___ DOCUMENT NUMBER: The enclosed **Articles of Dissolution** and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **Mailing Address: Street Address:** Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

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

FIRST:	The na	The name of the corporation as currently filed with the Florida Department of State:				
	Ampliospeech Inc.					
SECOND:	The do	ocument number of the corporation (if known):	number of the corporation (if known): P20000022458			
THIRD:	The da	The date dissolution was authorized: 01/20/2021				
	Effect	ive date of dissolution <u>if applicable:</u>	han 90 days after dissolution f	ite date)		
		If the date inserted in this block does not meet the applicable isted as the document's effective date on the Department o	le statutory filing requireme			
FOURTH:		ution was approved by the shareholders, in the micles of incorporation.	anner required by this	chapter and		
				2021 J.M		
	Signature	Slumilik Polak 71A4E668227C456	TASSE	ED 32 AH 10: 05		
		(By a director, president or other officer - if directors or officers an incorporator - if in the hands of a receiver, trustee, or other ce that fiduciary)		0:05		
		Shmulik Polak				
		(Typed or printed name of person signing)				
		CFO, Director of Fina	ance	<u>-</u>		
		(Title of nerson 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: 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: Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. 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