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(Red	questor's Name)	
(Add	dress)	_
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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STALL STATES SEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations	1	
SUBJECT: TPG The Project Grow North	h America. Inc.	
DOCUMENT NUMBER: P2000002.	5825	
The enclosed Articles of Dissolution	and fee are submitted for filing	., .,
Please return all correspondence conc	erning this matter to the follow	ring:
Maximinan Ochlschlaegel		
(Nan	ne of Contact Person)	
Baker Donelson Bearman Caldwell & Berko	witz PC	
	(Firm/Company)	
3414 Peachtree Road NE, Suite 1500		
	(Address)	
Atlanta, GA 30326		
(Cit	ty/State and Zip Code)	
For further information concerning the	is matter, please call:	2025 JAN -9 SELLARAS
Maximilian Ochlschlaegel	at (⁽⁶⁷⁸⁾ 4068742	9 P
(Name of Contact Person)	\ <u></u>	(Daytime Telephone Number)
Enclosed is a check for the following	amount:	50 ATE
□ \$35 Filing Fee ■ \$43.75 Filing F Certificate of Sta	_	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Amer Divis	t Address: ndment Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 TPG The Project Group North America, Inc.	i.			
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable: December 31, 2024				
	(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, the not be listed as the document's effective date on the Department of State's records.		/ill		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapte the articles of incorporation.	er and			
		2025 JAN	1*****		
		MH-9 PH	# # ***********************************		
	(By a director, president or other officer - if directors or officers have not been selected, by \mathcal{T}_{∞} an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by \mathcal{T}_{∞}	1: 50			
	Stavros Georgantzis				
	(Typed or printed name of person signing)				
	President				
	(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: 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 Corpolations) 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