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(R	equestor's Name)		
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(C	ity/State/Zip/Phone	: #)	
PICK-UP	MAIT	MAIL	
(B	usiness Entity Nam	ne)	
(D	ocument Number)		
Certified Copies	Certificates	of Status);
Special Instructions to	Filing Officer:		





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TO: Amendment Section

Division of Corporations BAYRUS CTRL USA CORP SUBJECT: P20000042128 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Max Salas (Name of Contact Person) Migrative Inc (Firm/Company) 8850 NW 36th St Unit 2128 (Address) Doral, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: Max Salas (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) Street Address; Mailing Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

riksi.	BAYRUS CTRL USA CORP		
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation:		
FOURTH:	None of the corporation's shares have been issued.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.		
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.		
Sîgo	(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.) BRIAN P ORTENCIO (Typed or printed name of person signing)		
	Officer		
	(Title of Person Signing)		

Filing Fee: \$35

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