P20000067904

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	
Date	3-2-21	
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	AUTHORIZED AMOUNT TO DEDUCT FROM ACCOUNT
Telephone:	(850) 513-3619 - direct (850) 224-1585	\$ 43.75
Contact Name:	Kim Pullen, CP, FRP	
Corporation Name:	Monster Lag	joon, Dic.
Email Address:		
Entity Number:	Lin Pulle	67904
Authorization:	Kim Julle	
Certified Copy		Certificate of Status
New Filings	Plain Stamped Copy	Annual Report
Fictitious Name	-X Amendments (Dissolution)	Registration
X)Call When Ready	(X) Call if Problem	() After 4:30
X) Walk In	() Will Wait	(X) Pick Up

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ARTICLES OF DISSOLUTION OF MONSTER LAGOON INC.

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation submits the following Articles of Dissolution:

- 1. The name of the corporation as currently filed with the Florida Department of State is Monster Lagoon Inc. (the "Company").
- 2. The document number of the Company is P20000067904.
- 3. The dissolution of the Company was authorized by all of the Shareholders and the Directors of the Company on March <u>02</u>, 2021 by written consent.
- 4. Dissolution was approved by all of Shareholders of the Company, in the manner required by this chapter and the articles of incorporation. The number of votes cast for dissolution was sufficient for approval.
- 5. The dissolution of the Company shall be effective upon filing of these Articles of Dissolution with the Secretary of State of Florida.

IN WITNESS WHEREOF, the undersigned has duly executed these Articles of Dissolution on this <u>02</u> day of March, 2021.

MONSTER LAGOON INC.