# P20000096174

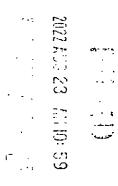
| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT: DISSO       | LUTION OF BUSSINESS /                        | CORPORATION   |  |
|----------------------|--|---|--|
| DOCUMENT NU          | MBER: P20000096174                           |   |  |
| The enclosed Artic   | cles of Dissolution and f                    | ee are submitted for filing   |  |
| Please return all co | orrespondence concerning                     | g this matter to the following                                      | ng:  |
| EDWARD A. IGBING     | ЭВА  |   |  |
|                      | (Name of                                     | Contact Person)   |  |
| MOTHER-CARE AF       | RICAN FOODS SUPPLY                           | AMERICA INCORPORATE   | )  |
|                      | (Firm  | n/Company)  |  |
| 1680 NW 195TH ST     | TREET  |   | 2922   |
|                      | (Λ   | ddress)   | - 1 7  |
| MIAMI GARDENS.       | FLORIDA 33169                                |   | : 5  |
|                      | (City/Sta                                    | te and Zip Code)  |  |
| For further informa  | ation concerning this ma                     | tter, please call:  |  |
| EDWARD A. IGBING     | OBA  | at (at  |  |
| (Name c              | of Contact Person)                           | (Area Code) (   | Daytime Telephone Number)  |
| Enclosed is a cheel  | k for the following amou                     | int:  |  |
| □ \$35 Filing Fee    | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed) |

## **Mailing Address:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### **Street Address:**

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 name of the corporation as currently filed with the Florida Department of State:  MOTHER-CARE AFRICAN FOODS SUPPLY AMERICA INCORPORATED   |    |             |   |  |  |  |
|---------|---|----|-------------|---|--|--|--|
| SECOND: | The document number of the corporation (if known):  |    |             |   |  |  |  |
| THIRD:  | The date dissolution was authorized: AUGUST 15TH, 2022  |    |             |   |  |  |  |
|         | Effective date of dissolution if applicable:  |    |             |   |  |  |  |
|         | (no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing require not be listed as the document's effective date on the Department of State's records.   |    |             | te will                                   |  |  |  |
| FOURTH: | Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.   |    |             |   |  |  |  |
|         |   |    | 2022 AUG 23 | * 31                                      |  |  |  |
|         | inco i  | 1: | 63 i0: 59   | i<br>i<br>i<br>i<br>i<br>i<br>i<br>i<br>i |  |  |  |
| :       | Signature:  (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) |    |             |   |  |  |  |
|         | EDWARD A. IGBINOBA  |    |             |   |  |  |  |
|         | (Typed or printed name of person signing)   |    |             |   |  |  |  |
|         | PRESIDENT   |    |             |   |  |  |  |
|         | (Title of person signing)   |    |             |   |  |  |  |

Filing Fee: \$35