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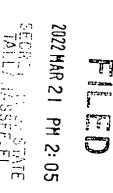
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of 3/31/2022

COVER LETTER

TO: Amendment Section **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: NOTICE OF CORPORATE DIS	SSOLUTION
DOCUMENT NUMBER: P2000009674	9
The enclosed Articles of Dissolution an	d fee are submitted for filing.
Please return all correspondence concerr	
ARI	MOA ADRIANA
(Name	of Contact Person)
XS	LEIMAN CORP
(F	irm/Company)
11013 NW 3	0 STREET STE 115
	(Address)
М	IAMI, FL 33172
(City/S	State and Zip Code)
For further information concerning this n	natter, please call:
ARMOA ADRIANA	at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am	ount:
■ \$35 Filing Fee □ \$43.75 Filing Fee of Certificate of Status	
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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: XSLEIMAN CORP.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (no more than 90 days after dissolution tile date)
	(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, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. SEC. PH 2:05 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) ARMOA ADRIANA
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)