

**FILED
Jul 06, 2021
Secretary of State**

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
THE GOOD GUINEA HOUSE, INC

SECOND: The document number of the corporation: P21000016858

THIRD: The file date of the articles of incorporation: February 16, 2021

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.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ZOLTAN POTASSY AMBR

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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.

Name of Corporation:

THE GOOD GUINEA HOUSE, INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

THE CORPORATION IS FILING A DISSOLUTION BECAUSE MEMBERS ARE WITHDRAW FROM ANY RESPONSIBILITY OF THE COMPANY. THE COMPANY HASN'T GENERATED ANY INCOME,HASN'T GOT ANY BANK ACCOUNT AND LITERALLY HASN'T STARTED ANY BUSINESS YET.

Mailing address where claims can be sent:

9708 SW 1ST PLACE
BOCA RATON, FL 33428

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ZOLTAN POTASSY

Electronic Signature of the Person Filing