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(Requestor's Name)
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations SUBJECT: Myer-Smith & Associates Inc. P22000055260 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Zalman Myer-Smith (Name of Contact Person) Myer-Smith & Associates Inc. (Firm/Company) 20544 NW 11th Avenue (Address) Miami FL 33169 (City/State and Zip Code) For further information concerning this matter, please call: at () 867-6935 (Area Code & Daytime Telephone Number) Zalman Myer-Smith (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 Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Street Address: **Mailing Address:** Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: Myer-Smith & Associates Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: 07/11/2022
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.
Sign	(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.)
	Zalman T. Myer-Smith
	(Typed or printed name of person signing)
	President
	(Title of Person Signing)

Filing Fee: \$35

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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. MyER- SNITH & Allociares inc Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: Description of information that must be included in a claim: Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 20544 NW 1172 AMENLE, MIAM, # 6 33167 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. ZALMAN T. MYED- SMITH

Printed Name of the Person Filing

Signature of the Person Filing