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TO: Amendment Section Division of Corporations		
SUBJECT: Michael Iosue, CPA, P.A.		
DOCUMENT NUMBER: P22000068133		
The enclosed Articles of Dissolution and for	ee are submitted for filing	. .
Please return all correspondence concerning	g this matter to the follow	ing:
Steph	en Berger, Esq.	
(Name of Contact Person)		
c/o Vedder Price, P.C.		
(Firm	n/Company)	
1633 I	Broadway, 31st Floor	
(A	ddress)	
Nev	w York, NY 10019	
(City/Sta	te and Zip Code)	
For further information concerning this mat	ter, please call:	
	at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
□ \$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:		t Address:
Amendment Section Division of Corporations		idment Section ion of Corporations
P.O. Box 6327		Centre of Tallahassee

Tallahassee, FL 32314

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: Michael Iosue, CPA, P.A.			
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 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.			

Signature	/s/ Michael Iosue	
Michael le	(By a director, president or other officer - if directors or officers have not an incorporator - if in the hands of a receiver, trustee, or other court apporthat fiduciary)	
	(Typed or printed name of person signing)	A VE D
	DIRECTOR	18 T S T S T S T S T S T S T S T S T S T
	(Title of person signing)	<u>_</u>

Filing Fee: \$35