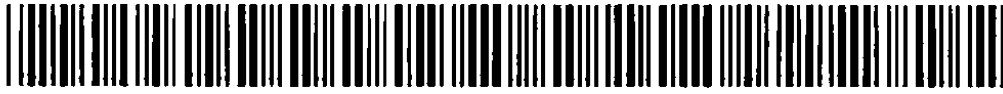


Florida Department of State
Division of Corporations
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((H24000413074 3)))



H240004130743ABCZ

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

2024 DEC 16 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL
SYM TECH VISION INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

J. DENNIS
12.16.24

2024 DEC 16 PM 3:12
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TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
OF
SYM TECH VISION INC.
(A Florida Profit Corporation)**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation, submits the following Articles of Dissolution:

1. The name of this Florida corporation is: Sym Tech Vision Inc. (the "Corporation").
2. The document number of the Corporation is P24000016769.
3. The dissolution was approved as of December 14, 2024. The effective date of dissolution is December 31, 2024.
4. Dissolution was recommended by the sole member of the board of directors of the Corporation and approved by the holder of all of the issued and outstanding capital stock of the Corporation. The number of votes cast for dissolution was sufficient for approval.

DATED: As of December 14, 2024

SYM TECH VISION INC.

By: Jose Pablo Bertuzzi
Name: Jose Pablo Bertuzzi
Title: President

FILED
2024 DEC 16 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STOCKS, Melanie (5017/071-2527) (03/03) 12/16/2024 01:59:09 PM 4000415074 3

NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolving corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

Name of Corporation: SYM TECH VISION INC.

Document Number of Corporation: P24000016769

Date of Dissolution: as of December 31, 2024.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: 1930 Harrison Street, Suite 305, Hollywood, Florida 33020.

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.

SYM TECH VISION INC.

/s/ Jose Pablo Bertuzzi

By: _____

Name: Jose Pablo Bertuzzi

Title: President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 DEC 16 AM 9:09

FILED

ARTICLES OF CORRECTION

For

NEW WAYS DISTRIBUTOR CORP

Name of Corporation as currently filed with the Florida Dept. of State

P24000072491

(Document Number (if known))

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Articles of Incorporation,
(Document Type Being Corrected)

filed with the Department of State on 12/02/2024.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Effective Date

Correct the inaccuracy, incorrect statement, or defect:

The effective date to be 12/12/2024



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MARIANMELIG RIVODO

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00