## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

LAU LONZO NAILS.CORP

The document number of the corporation: P24000027036 SECOND:

THIRD: The date dissolution was authorized: April 25, 2024

Effective date of dissolution: April 25, 2024

Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation. FOURTH:

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: LAURA ALONSO FLEITES **PRESIDENT** 

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

## FILED Apr 25, 2024 Secretary of State

## **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:

LAU LONZO NAILS.CORP

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:

I DECIDED TO STABLISH AN LLC INSTEAD CORPORATION

Mailing address where claims can be sent:

10000 NW 80 CT 2214 HIALEAH GARDENS, FL 33016

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: LAURA ALONSO FLEITES

Electronic Signature of the Person Filing