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COVER LETTER

Division of Corporations
SUBJECT: CHIMAX INVESTMENT, INC.
DOCUMENT NUMBER: P94000010533
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARGARET SHOAF
(Name of Contact Person)
MARGARET SHOAF, CPA, PLLC
(Firm/Company)
46 N WASHINGTON #29
(Address)
SARASOTA, FL 34236
(City/State and Zip Code)
For further information concerning this matter, please call:
MARGARET SHOAF at (
(Name of Contact Person) (Area Code) (Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

2023 FEB -3 PH 3:40

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIKS1:	CHIMAX INVESTMENT, INC.
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.
V	ignature: (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) BIRTE ROMBERG
-	(Typed or printed name of person signing)
1 -	DIRECTOR (Title of person signing)

Filing Fee: \$35