

P95000022037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

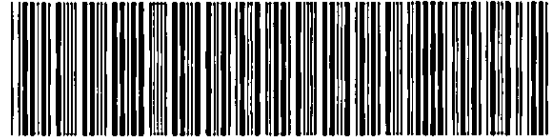
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TALLAHASSEE FLORIDA

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**DATE: 12-20-17**

**NAME: AERIAL FIVE, INC.**

**TYPE OF FILING: DISSOLUTION**

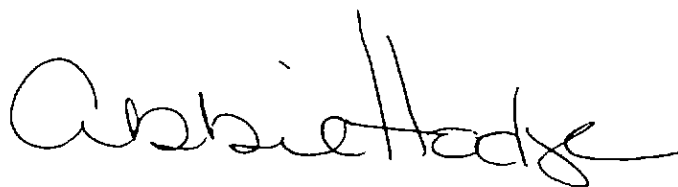
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink that reads "Abbie Hodge". The signature is written in a cursive style with a large initial 'A' and a long, sweeping underline.

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: AERIAL FIVE, INC.


SECOND: The document number of the corporation: P95000022037

THIRD: The date dissolution was authorized: December 12, 2017

Effective date of dissolution: December 31, 2017

FOURTH: Dissolution was approved by written consent of the sole shareholder of the corporation in accordance with the provisions of Section 607.0704, Florida Statutes. Such written consent of the sole shareholder for dissolution was sufficient for approval.

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:   
John Massoni, Chief Operating Officer

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## 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 Section 607.1407, Florida Statutes.

Name of Corporation: AERIAL FIVE, INC.

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:

The names, addresses and telephone numbers of the claimant(s) or their attorneys, if any; a reasonably detailed description of the claim, including, without limitation, the basis of the claim, the amount of the claim, and the date on which the claim accrued; if the claim is based on written document(s), a copy of the material part of such document(s)

Mailing address where claims can be sent: Van Wagner Group, LLC  
800 Third Avenue, 28th Floor  
New York, NY 10022  
Attn: Legal Department

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (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:   
John Massoni, Chief Operating Officer