

**PG7000031760**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP  
Account Number : I20160000074  
Phone : (407)839-4277  
Fax Number : (407)839-4264

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

2021 JUN 22 AM 8:16

FILED

**DISSOLUTION OR WITHDRAWAL  
PERMA-FILL CORPORATION, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

JUN 23 2021

**S. PRATHER**

2021 JUN 22 PM 3:49

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution - Perma-Fill Corporation

**DOCUMENT NUMBER:** P97000031760

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay Sander

(Name of Contact Person)

(Firm/Company)

3900 St. Johns Pkwy

(Address)

Sanford, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

Chip Gray

at (407-481-5274

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|---|

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
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:  
Perma-Fill Corporation, Inc.

SECOND: The document number of the corporation (if known): P97000031760

THIRD: The date dissolution was authorized: May 7, 2021

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: \_\_\_\_\_

(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)

Jason R. Sander

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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2021 JUN 22 AM 8:16  
DEPARTMENT 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 s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Perma-Fill Corporation, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

\_\_\_\_\_  
(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Name, address and telephone number of the person or entity making the claim; amount of the claim;

date the claim was incurred; and a description of the claim

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

Jason R. Sander

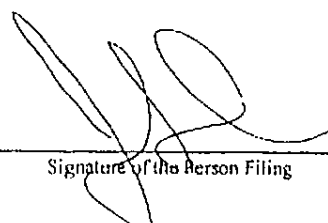
3900 St. Johns Pkwy

Sanford, FL 32771

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.

Jason R. Sander

Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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CLERK OF STATE  
ALLAHABAD, FL 32109