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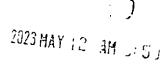
CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 747084 REFERENCE : AUTHORIZATION COST LIMIT : ORDER DATE: May 12, 2023 ORDER TIME : 9:32 AM ORDER NO. : 747084-005 CUSTOMER NO: 7548888 DOMESTIC FILINGS NAME: MSL ASSOCIATES, INC. XX __ ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

EXAMINER'S INITIALS:



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:

| | MSL ASSOCIATES, INC. |
|---------|---|
| SECOND: | The document number of the corporation (if known): |
| THIRD: | The date dissolution was authorized: 05/03/23 |
| | Effective date of dissolution if applicable: 05/12/23 (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. |
| | • |
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| | 11 TAM |
| } | Signature: Make A later |
| | (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) |
| | Michael S. Laky |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |

Filing Fee: \$35

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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.

| MSL ASSOCIATES, INC. Name of Corporation: |
|--|
| The above named corporation is the subject of dissolution and the effective date of a dissolution is:05/12/23 |
| (date filed with the Dept. if date specified in the Articles of Dissolution) |
| Description of information that must be included in a claim: |
| Any claim must be in writing and include the name of the claimant, the date the alleged claim originated, and a |
| description of the claim and amount allegedly in controversy. |
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| |
| Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| Michael S. Laky, 5452 W. Crenshaw Strite 6, Tampo, FL 33634. |
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| |
| 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. |
| Michael S. Laky |
| 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