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COVER LETTER

TO: Amendment Section **Division of Corporations** Corporate Dissolution **SUBJECT:** P99000021531 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dale E Sulander (Name of Contact Person) Sulander Enterprises, Inc. (Firm/Company) 8493 NW 37th Drive (Address) Gainesville, FL 32653 (City/State and Zip Code) For further information concerning this matter, please call: Dale E. Sulander (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy # 8507 Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) Street Address: Mailing Address: Amendment Section Amendment Section

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

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 Sularider Enterprises, Inc.	nt of State:		
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: November 15, 2020			
FOURTH:	Effective date of dissolution if applicable: December 31, 2020			
	(no more than 90 days after dissolution file date) not be listed as the document's effective date on the Department of State's records.			
	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
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		~		
Signature: (By a director, president or other officer - if directors or officers have not been selected, by that fiduciary) (By a director, president or other officer - if directors or officers have not been selected, by that fiduciary)				
	that fiduciary)			
D	ale E. Sulander			
	(Typed or printed name of person signing)			
Pro	esident			
	(Title of person signing)			

Filing Fee: \$35