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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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effective date 12-31-21

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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: LEVERRIER, INC. DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NICOLE LEVERRIER (Name of Contact Person) (Firm/Company) 2597 JAMES RIVER ROAD (Address) WEST PALM BEACH, FL 33411 (City/State and Zip Code) For further information concerning this matter, please call: NICOLE LEVERRIER (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 Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

reffective date 12-31-21

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ARTICLES OF DISSOLUTION

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

The name of the corporation as currently filed with the Florida Department of State:

	The document number of the corporation (if known):		
SECOND:			
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.		
	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)		
	NICOLE LEVERRIER		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35

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:	
The above named corporation is the subject of dissolution and t	he effective date of a dissolution is: 12-31-2021
(date filed with the Dept. if date specif	led in the Articles of Dissolution)
Description of information that must be included in a claim:	
Date of invoice and description of merchandise/goods delivered and	when delivered; or
Date of invoice and description of services provided and when service	es were provided.
Mailing address where written claims can be sent: (Claims can	not be sent to the Division of Corporations)
2597 James River Road	
West Palm Beach, FL 33411	
A claim against the above named corporation will be barred un within 4 years after the filing of this notice.	less a proceeding to enforce the claim is commend
NICOLE LEVERRIER	0
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