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B3422-1700 02/05/2025 4:45 PM Received by California Secretary of State



STATE OF CALIFORNIA
Office of the Secretary of State
SHORT FORM CERTIFICATE OF DISSOLUTION -
CA CORPORATION TERMINATION

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 657-5448

For Office Use Only

-FILED-

File No.: BA20250267458

Date Filed: 2/5/2025

Corporation

Corporation Name

Border Farmacia, Inc.

Entity No.

6569726

Required Statements

The following statements are true:

- 1) This Short Form Certificate of Dissolution is being filed within twelve (12) months from the date the Articles of Incorporation were filed with the Secretary of State.
- 2) The corporation does not have any debts or other liabilities, except as provided in Item (3).
- 3) The tax liability of the corporation will be satisfied on a taxes paid basis, or a person or corporation or other business entity assumes the tax liability, if any, of the dissolving corporation and is responsible for additional corporate taxes, if any, that are assessed and that become due after the date of the assumption of the tax liability.
- 4) All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.
- 5) The corporation has not conducted any business from the time of the filing of the Articles of Incorporation with the Secretary of State.
- 6) The corporation has not issued any shares, and if the corporation has received payments for shares from investors, those payments have been returned to those investors.
- 7) The corporation is dissolved; and
- 8) The known assets remaining after payment of, or adequately providing for, the known debts and liabilities have been distributed to the persons entitled thereto; or the corporation acquired no known assets.

Dissolution

No directors were named in the original Articles of Incorporation and none have been elected. The undersigned sole incorporator or a majority of the incorporators has authorized the dissolution and elected to dissolve the corporation.

Electronic Signature

☒ I declare under penalty of perjury under the laws of the state of California that the information herein is true and correct of my own knowledge.

*Patrick Potives*_____
Director/Incorporator Signature*02/05/2025*_____
Date