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STATE OF CALIFORNIA

Office of the Secretary of State

SHORT FORM CERTIFICATE OF DISSOLUTION -

BA20242143001

For Office Use Only



| | CA CORPORATION TERMINATION California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 | | File No.: BA20242143001 Date Filed: 12/5/2024 |
|---|---|-----------------------------------|--|
| Corporation | | | |
| | | TRUST COM SYSTEMS, INC. | |
| Entity No. | | 6476971 | |
| Required Statements The following sta | atements are true: | | |
| | rm Certificate of Dissolution is being filed with are filed with the Secretary of State. | thin twelve (12) months from | the date the Articles of |
| 2) The corporati | on does not have any debts or other liabilitie | s, except as provided in Item | ı (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 returr California Franc | is required under the California Revenue and hise Tax Board. | d Taxation Code have been o | or will be filed with the |
| 5) The corporation has not conducted any business from the time of the filing of the Articles of Incorporation with the Secretary of State. | | | |
| <i>,</i> . | on has not issued any shares, and if the corp have been returned to those investors. | poration has received payme | nts for shares from investors, |
| 7) The corporati | on is dissolved; and | | |
| , | ssets remaining after payment of, or adequat to the persons entitled thereto; or the corpo | | |
| Dissolution The undersigned dissolve the corp | sole director or a majority of the directors now oration. | r in office has authorized the d | issolution and elected to |
| Electronic Signature | | | |
| I declare und my own know | ler penalty of perjury under the laws of the stat wledge. | te of California that the informa | ation herein is true and correct of |
| AKOP MUSHE | GYAN | 12/05/2024 | |
| Director/Incorpor | ator Signature | Date | |
| | | | |