

# L15187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

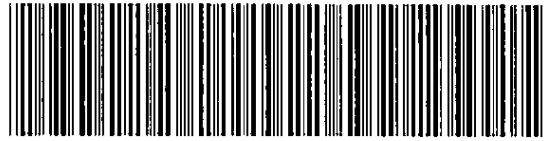
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 JUN 20 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06/20/19--0100004004\*\*690.00

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TALLAHASSEE, FLORIDA

ts

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 6/20/2019

**\*\*WALK IN\*\***

ENTITY NAME SUN VESTA, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX \_\_\_\_\_

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_ *Certified Copy of Arts & Amendments*

\_\_\_\_\_ *Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35

CHECK # 6247

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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: SunVesta, Inc.

SECOND: The document number of the corporation (if known): L15187

THIRD: The date dissolution was authorized: May 14, 2019

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: Adoption of Dissolution (CHECK ONE)
[ ] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
[ ] Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by (voting group)

Signature: [Handwritten 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)

Hans Rigendinger
(Typed or printed name of person signing)

Chief Executive Officer
(Title of person signing)

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TALLAHASSEE, FLORIDA

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: SunVesta, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Full legal name, physical address, mailing address, e-mail and telephone number of unknown creditor; amount of claim;  
concise description of claim, including its source and the date(s) on which it arose.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Hubco Registered Agent Services, Inc.

155 Office Plaza Dr., 1st Floor

Tallahassee, Florida 32301

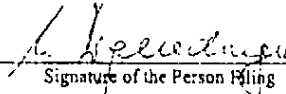
USA

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TALLAHASSEE, FLORIDA

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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.

Hans Rigendinger, CEO  
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