P12000040611

(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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DEC 17 2012

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Andy's Cafeteria / Heladería, Inc.

DOCUMENT NUMBER: P12000040611

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eunice Tellez.
(Name of Contact Person)

Andy's Cafeteria / Heladería, Inc.
(Firm/Company)

1740 Palm Ave. Suite 6
(Address)

Hialeah. FL 33010.
(City/State and Zip Code)

For further information concerning this matter, please call:

Eunice Tellez at (786) 416-1458.
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☑ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Andy's Cafeteria/Heladeria, Inc.

SECOND: The document number of the corporation (if known): P12000040611

THIRD: The date dissolution was authorized: 12/01/2012.

Effective date of dissolution if applicable: 12/01/2012.
(no more than 90 days after dissolution file date)

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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: Eunice Tellez.
(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)

Eunice Tellez.
(Typed or printed name of person signing)

Vice-President.
(Title of person signing)

Filing Fee: $35

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT, **ANDRES CAMILO ORTIZ, FI Driver License No. O632-003-93-424-0,** as PRESIDENT of the Corporation named **ANDY'S CAFETERIA/HELADERIA, INC. and 50% owner of the corporation and business located at 1740 Palm Ave. Suite 6, Hialeah, Fl. 33010** has made, constituted and appointed and by these presents does make, constitute and appoint **EUNICE TELLEZ ISSA, FI Driver License No. T422-200-51-676-0 as Vice-President of the above named corporation and owner of the resting 50% and of the business above named,** as his true and lawful agent for him and in his name, place and stead, **FULL AUTHORITY**, to represent him in the selling negotiations of the above corporation and/or business, including but not limited to authority to fix and negotiate sell price, to revise, execute and sign any and all documents required for the sale of the corporation and/or business.

Also, authority to perform or execute any dealings which may be required by law pertaining to the matter in question.

Giving and granting unto said agent, **EUNICE TELLEZ ISSA** full power and authority to do and perform all acts or whatever requisite necessary to be done about this matter, as fully to all intents and purposes as he might or could does if personally present, to fulfill his obligation as Agent and Representative with full power of substitution and revocation, hereby ratifying and confirming all that said Agent **EUNICE TELLEZ ISSA** shall lawfully do or cause to be done by virtue hereof.

Grantor's initials: AO

IN WITNESS WHEREOF, I have hereunto set my hands and seal this 26TH day of November 2012 at Miami, Florida.

ANDRES C. ORTIZ
As Grantor of Power of Attorney

Signed and delivered in the presence of:

WITNESSES:

First Witness Signature
First Witness Name: Jairo Tellez
First Witness Address: 19540 Cypress ct. Hialeah FL. 33015
First Witness ID No. T.420.423.89.081.0

Second Witness Signature
Second Witness Name: AMAR Tellez
Second Witness Address: 19540 Cypress ct Hialeah Fl. 33015
Second Witness ID No. T.420 016 57 5030

STATE OF FLORIDA
COUNTY OF DADE

BE IT KNOWN, that on the 26TH day of November, 2012 before me, Notary Public in and for Dade County Florida, duly commissioned, dwelling in the City of Miami, personally appeared ANDRES C. ORTIZ, who identifies with FI DL shown above and seems to be the person described in and who executed the within Power of Attorney and he acknowledged the within Power of Attorney to be his act and deed.
IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal of office the day and year above written.

NOTARY PUBLIC
SIGNATURE & SEAL

Notary Public State of Florida
Melissa Anglada
My Commission EE104514
Expires 06/19/2015