

114000033344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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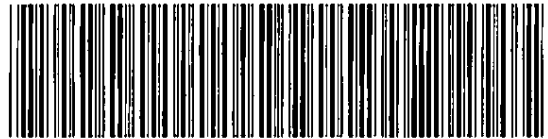
(Business Entity Name)

(Document Number)

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A. HUNT

02/22/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Olympia Devine Inc

DOCUMENT NUMBER: P14000083944

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

Please return all correspondence concerning this matter to the following:

OLYMPIA DEVINE

(Name of Contact Person)

OLYMPIA DEVINE INC

(Firm/Company)

205 WORTH AVE. SUITE 201- D

(Address)

PALM BEACH FL 33480

(City/State and Zip Code)

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For further information concerning this matter, please call:

OLYMPIA DEVINE

at (561 420 9143

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:
OLYMPIA DEVINE INC

SECOND: The document number of the corporation (if known): P14000083944

THIRD: The date dissolution was authorized: January 1st, 2024

Effective date of dissolution if applicable: February 10th, 2024

(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)

OLYMPIA DEVINE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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2024 OCT 22 AM 7:22
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