

P2 0000056047

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000340322 3)))



H230003403223ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
2023 SEP 27 AM 10:36
TALLAHASSEE, FL

DISSOLUTION OR WITHDRAWAL
NICOLAU CLEANER SERVICE CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2023 SEP 27 PM 5:03

Handwritten signature and lines at the bottom of the page.

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:
NICOLAU CLEANER SERVICE CORP

SECOND: The document number of the corporation (if known): P20000056647

THIRD: The date dissolution was authorized: 9-27-23

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

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: Amarillis B. Nicolau
(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)

AMARILLIS B NICOLAU LEON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILED
2023 SEP 27 10:36
TALLAHASSEE, FL