

P96000073770

Florida DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

10-21-15
Miguel Thodde
351 Lakeview Dr
#102 WESTPORT FL
33326

Ladies & Gentlemen

My name is Miguel Thodde. I was appointed by ARFILIO MANTILLA PRESIDENT OF THE MANTILLAS' CORPORATION VIA POWER OF ATTORNEY (ENCLOSED) TO DISSOLVE THE REFERRED CORPORATION.

I believe all the requirements are fulfill in order to proceed with MR MANTILLAS which.

100002672271-9
-10/26/98-01074-021
*****43.75 *****43.75
I CAN BE CONTACTED AT AREA CODE (305)
7982505 / (954) 3845377.

I AM ENCLOSING A NOTARIZED:

- 1) POWER OF ATTORNEY TO ACT IN THEIR BEHALF
- 2) ARTICLES OF DISSOLUTION SEC. 607.1403 FL. ST.
- 3) CHECK FOR (\$35 + 8.75) \$43.75 Filing Fee + Certificate
- 4) COPY ARTICLES OF INCORPORATION
- 5) NOTARIZED DISSOLUTION OF CORPORATION

Thank you

Miguel Thodde Miguel Thodde

FILED
OCT 26 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
98 OCT 26 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: MANTILLAS' CORPORATION

SECOND: The date dissolution was authorized: 8-01-98

THIRD: 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 vote of 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)

Signed this 19 day of OCTOBER, 19 98

Signature

Miguel Thodde APPOINTED BY ARFILIO MANTILLA P.O.F ATT.
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Miguel Thodde APPOINTED BY ARFILIO MANTILLA
(Typed or printed name)

ARFILIO MANTILLA PRESIDENT 100% SHAREHOLDER
(Title)

DURABLE POWER OF ATTORNEY

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, _____, of _____, the undersigned Grantor, do hereby make and grant a general power of attorney to _____ of _____, and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- | | |
|---------|---|
| [] | (A) Real estate transactions |
| [] | (B) Tangible personal property transactions |
| [] | (C) Bond, share and commodity transactions |
| [] | (D) Banking transactions |
| [X] | (E) Business operating transactions |
| [] | (F) Insurance transactions |
| [] | (G) Gifts to charities and individuals other than Attorney-in-Fact
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.) |
| [] | (H) Claims and litigation |
| [] | (I) Personal relationships and affairs |

- [] (J) Benefits from military service
- [] (K) Records, reports and statements
- [] (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select
- [] (M) Access to safe deposit box(es)
- [] (N) All other matters

Durable Provision:

- [] (O) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

Other Terms:

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this _____ day of _____, 19 _____

Signed in the presence of:

Witness _____

Grantor *[Signature]*

Witness _____

Attorney-in-Fact *[Signature]*

State of *Fla*
County of *Dade*

On *20* before me, *July* 19*98*, appeared

, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature *[Signature]*

(Seal)

Affiant Known Produced ID

Type of ID *DL-FL-1300-540-49310*

