P08000044424

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT ,	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2015

ANNA TURKINGTON ALEXANDRE BALLERINI P.A. 927 LINCOLN ROAD, SUITE 200 MIAMI BEACH, FL 33139

SUBJECT: ICON 3603 INC. Ref. Number: P08000044424

We have received your document for ICON 3603 INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 515A00000699

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: ICON 3603 INC.
DOCUMENT NUMBER: P08000044424
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexandre Ballerini (Name of Contact Person)
Alexandre Balleriai PA. (Firm/Company)
(Firm/Company)
927 Lincoln Rd Suite 280 (Address)
Miami Beach, FL 33139 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Alexandre Ballerini at (305) 507 9699 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building 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:		
	I CON 3603 INC.		
SECOND:	The document number of the corporation (if known): P08000044424		
THIRD:	The date dissolution was authorized: Feb 5, 2015		
	Effective date of dissolution <u>if applicable:</u> (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: (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)		
	ARMANDO CURCIO		
	(Typed or printed name of person signing)		
	DIRECTOR		
	(Title of person signing)		

Filing Fee: \$35