

P18000096116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 23 AM 11:51

Done w/ notice

MAY 04 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALPHA CENTAURI PROPERTIES CORP.

DOCUMENT NUMBER: P18000096116

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

Please return all correspondence concerning this matter to the following:

CAROLYN KAHL

(Name of Contact Person)

ROCA GONZALEZ PA

(Firm/Company)

3370 MARY STREET

(Address)

MIAMI, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN KAHL

(Name of Contact Person)

305-859-6050

(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

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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:
ALPHA CENTAURI PROPERTIES CORP.

SECOND: The document number of the corporation (if known): P18000096116

THIRD: The date dissolution was authorized: 4/17/2019

Effective date of dissolution if applicable: 4/30/2019

(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: 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)

OSCAR LUIS CIVILE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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DIVISION OF CORPORATIONS
19 APR 23 AM 11:51

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ALPHA CENTAURI PROPERTIES CORP.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

1) NAME OF THE PERSON OR ENTITY MAKING THE CLAIM

2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM

3) STATEMENT OF THE AMOUNT OF THE CLAIM

4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ATTENTION: OSCAR LUIS CIVILE

C/O ROCA GONZALEZ PA

3370 MARY STREET

MIAMI, FL 33133

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

OSCAR LUIS CIVILE

Printed Name of the Person Filing


Signature of the Person Filing