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To:

Division of Corporations

Fax Number : (858)617-6380

S From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : T29900000146

: (305)444-4994

Phone Fax Humber

: (305)444-4977

DISSOLUTION OR WITHDRAWAL SOUTH DADE PROPERTIES, INC.

Certificate of Status	į o
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Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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SEP 2 8 2021

S. PRATHER

FIRST:	SOUTH DADE PROPERTIES, INC.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: September 27, 2021			
	Effective date of dissolution if applicable: September 27, 2024 (no mere than 90 days after dissolution file date)			
	(no mere 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 with the articles of incorporation. Dissolution was approved by the shareholders, in the manner required by this chapter with the articles of incorporation. REPLACE TO STATE OF			
	STATE			
	Dora Piccini			
\$	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)			
	Dora Piccini			
	(Typed or printed name of person signing)			
	President			

Filing Fee: \$35

(Title of person signing)

2021 SEP 27 AM 9

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: SOUTH DADE PROPERTIES, INC.		
The above named corporation is the subject of dissolution and		
September 27, 2021		
(date filed with the Dept. if date speci-		
Description of information that must be included in a claim:		
It must be in writing and describe all relevant information.		·
		·
		<u>7</u>
Mailing address where written claims can be sent: (Claims can	not be sem to the Division of Corporations)	SECRETARY TALLAHA9SE
Maria I. Landa-Posada, Esq.		38.6 7.8 7.8 7.8 7.8 7.8 7.8 7.8 7.8 7.8 7.8
Landa-Posada, P.A.		
1313 Ponce de Leon Boulevard, Suite 301		TATE ORIE
Coral Gables, Florida 33134		A
A claim against the above named corporation will be barred or within 4 years after the filing of this notice.	aless a proceeding to enforce the claim is con	imenced
	Dora Piccini	
Dota Piceini		
Printed Name of the Person Filing	Signature of the Person Filing	

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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