

# DOB 000000021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

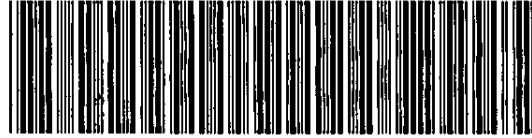
(Business Entity Name)

(Document Number)

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05/31/16--01046--025 \*\*43.7

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUN -9 PM 2:21

FULLER

Dee Trust

JUN 16 2016

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Disolution of Trust

**DOCUMENT NUMBER:** D0600000021

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

Please return all correspondence concerning this matter to the following:

Daniel Echavarria

(Name of Contact Person)

The Julian and Jose Maria Echavarria Foundation

(Firm/Company)

P.O. Box 331390

(Address)

Miami, FL 33233

(City/State and Zip Code)

For further information concerning this matter, please call:

Evalina Larreal

(Name of Contact Person)

at 305

(Area Code)

994-2188

(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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida Declaration of Trust submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
The Julian and Jose Maria Echavarria Foundation

SECOND: The document number of the corporation (if known): D06000000021

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

[X] The date of meeting of members at which the resolution to dissolve was adopted
04/10/2015. The number of votes cast by the members was sufficient for approval.

[ ] The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was

The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable:

(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.

Signature: [Handwritten Signature]
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Daniel Echavarria

(Typed or printed name of person signing)

Trustee

(Title of person signing)

Filing Fee: \$35

FILED IN THE OFFICE OF THE CLERK OF THE SUPREME COURT OF FLORIDA
16 JUN -9 PM 2:20

**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. 617.1407, F.S.*

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

Name of Corporation: The Julian and Jose Maria Echavarria Foundation

*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:*

All funds have been dispersed.

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

P.O. Box 331390 Miami, FL 33233

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*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.*

Daniel Echavarria

*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**