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Office Use Only



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COVER LETTER

	istration Section sion of Corporations			
SUBJECT:	VERTEX 2, LLC			
Subject.	(Name of Limi	ited Liability Company)		
The enclosed	Articles of Dissolution and fee(s) are submi	itted for filing.		
Please return	all correspondence concerning this matter to	o the following:		
	GEORGES HADAD			
	(Na	ine of Person)		
	(Fi	mi/Company)		
	10592 NW 67th Terrace			
		(Address)		
	Doral, FL 33178			
	(City/St	tate and Zip Code)		
For further in	formation concerning this matter, please cal	l:	20	:: :: ::::::::::::::::::::::::::::::::
Geo	orges Hadad	786 389-0953	0 	55. 50. 50. 50. 50. 50. 50. 50. 50. 50.
	(Name of Person)	(Area Code & Daytime Telephone Number)	3 IO AMII	037 037 037
Enclosed is a check for the following amount:			2	윘弁
■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	11:12	STAIL
	ling Address:	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability compared vertex 2, LLC	ny is
2. The Articles of Organization were file	ed on 03/31/2011 and assigned
document number L11000038461	
(effective date cannot	tion if not effective on the date of filing: 07/30/2020 be prior to or more than 90 days later than date document is received for filing) oes not meet the applicable statutory filing requirements, this date will not be a the Department of State's records.
4. A description of occurrence that result 605.0707, Florida Statutes, (copy 605.0	ted in the limited liability company's dissolution pursuant to section 0707 on back cover letter).
Unanimous Written Consent of the Memb	
Unanimous Written Consent of the Member	
5. If there are no members, enter the namactivities and affairs:	ne and address of the person appointed to wind up the company's
6. Signature of an authorized person or it above to wind up the company's activitie	f there are no members, the signature of the person appointed and listed s and affairs: GEORGES HADAD
Signature	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: VERTEX 2, LLC	
Document number of Limited Liability Company is: L110000	38461
Date of dissolution was: 07/30/2020	
Description of information that must be included in a written	claim:
Basis of the claim, amount of the claim, name and address of the Cl	aimant, and whether the claim is secured.
Mailing address where claims can be sent: (Claims cannot be GEORGES HADAD	sent to the Division of Corporations)
10592 NW 67TH TERRACE	
DORAL, FL 33178	
A claim against the above named limited liability company with claim is commenced within 4 years after the filing of this notion.	
	11
GEORGES HADAD	
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00