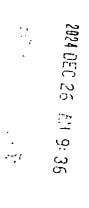
LJ2000053861

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300441378493



PILE IN 9: 39
SECRETARY OF SECR

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO: Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM , Melissa Moreau mmoreau@incserv.com 850.656.7953

RE	QUEST	DATE	12/23/2024

PRIORITY Regular Approval

OUR REF # (Order_ID#) 1333960

ORDER ENTITY

GAIUS INTERNATIONAL LLC

DI FACE DEDECOM THE FOLLOWING CEDUTCES.				
PLEASE PERFORM THE FOLLOWING SERVICES:				
GAIUS INTERNATIONAL LLC (FL)				

File the attached dissolution document

ACCOUNT NUMBER: 120050000052

NOTES: \$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	GAIUS INTERNATIONAL LLC					
		ited Liability Company)				
Th						
	losed Articles of Dissolution and fee(s) are submi					
Please r	cturn all correspondence concerning this matter to	o the following:				
	Pedro Maggi					
	(Name of Person)					
	Gaius Internatioal LLC					
	(Firm/Company)					
	6205 Blue Lagoon Drive Suite 130					
		(Address)				
	Miami Miami Florida ,33126					
	(City/Si	tate and Zip Code)				
For furt	her information concerning this matter, please cal	1:				
		at ()				
	(Name of Person)	at ()				
Enclosed	is a check for the following amount:					
=	S25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

i.	The name of a limited liability GAIUS INTERNATIONAL L		· · · · · · · · · · · · · · · · · · ·	***	•	
2.	The Articles of Organization	were filed on (04/20/20	012	and assigned		
	document number L120000	53861				
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) 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.					
4.	A description of occurrence 605.0707. Florida Statutes, (c. No longer transacting business.	copy 605,0707 on back	ited liability company's cover letter).	·	nt to section	
	No longer transacting business.	······································	****			
	No longer transacting business.		·			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: PEDRO MAGGI				mpany's	
		6205 BLUE LAGOON DR, STE 130				
		MIAMI, FL 33126				
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no s activities and affairs:	members, the signature	e of the person appoi	(0 5)	i
			Pedro Maggi		2024 DE SECRE TALL	2 6
	Signature	FILING		nted Name	ARY OF STATE	of the second of