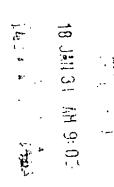
L15000016892

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
1 2
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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TE JAN 31 AM 4: 21

O SIMIMONS



February 1, 2018

CSC

SUBJECT: AREAS USA DFW, LLC Ref. Number: L15000016892

Please give original Himission date as file date.

We have received your document for AREAS USA DFW, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter address of person appointed to wind up company's affairs.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 818A00002139

www.sunbiz.org

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Thone. 030 330 1300						
ACCOUNT NO. : 12000000195						
REFERENCE : 051269 7732494						
AUTHORIZATION : Spells de man						
COST LIMIT : \$ 25.00						
ORDER DATE : January 31, 2018						
ORDER TIME : 2:37 PM						
ORDER NO. : 051269-015						
CUSTOMER NO: 7732494						
DOMESTIC FILINGS						
NAME: AREAS USA DFW, LLC						
XX ARTICLES OF DISSOLUTION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

TQ:

Registration Section Division of Corporations

SUBJECT: AREAS USA DFW, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arevis Piedra				
(Name of Person)				
Areas				
(Firm/Company)				
5301 Blu Lagoon Dr. #690				
(Address)				
Miami, FL 33126				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Arevis Piedra (Name of Person)

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/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liab AREAS USA DFW, LLC	lity company is	
2.	The Articles of Organization	on were filed on _0//28/20/5 and assigned	
	document number <u>LIST</u>	00016892	
3.	Note: If the date inserted in	the dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will notive date on the Department of State's records.	ot l
4.	A description of occurrence 605.0707, Florida Statutes, no longer in operation	that resulted in the limited liability company's dissolution pursuant to section (copy 605,0707 on back cover letter).	ioi
			1.61
5.	If there are no members, er activities and affairs:	ter the name and address of the person appointed to wind up the company's CEO and Manager- Sergio Rodriguez	
		5301 Blue Lagoon Drive, #690	
		Miami, Fl. 33126	
6. list	Signature of an authorized led above to wind up the co	person or if there are no members, the signature of the person appointed and approx's activities and affairs:	
		Sergio Rodriguez	
	Signature	Printed Name FILING FEE: \$25.00	