

1/7/22, 10:59 AM

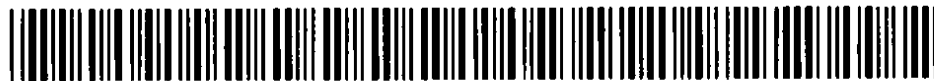
Division of Corporations

# L17000193452

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC  
Account Number : 120200000118  
Phone : (305)268-6968  
Fax Number : (786)513-7810

LLC REVOCATION OF DISSOLUTION  
FINETO INVESTMENTS, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 02       |
| Estimated Charge      | \$100.00 |

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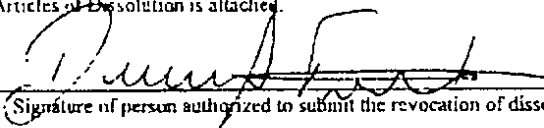
T. LEMIEUX  
JAN 10 2022

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**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is FINETO INVESTMENTS, LLC
2. The document number of the company is L17000193452
3. The effective date the Dissolution was filed is 12/09/21
4. The revocation of dissolution was authorized on 01/01/22
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

FINETO INVESTMENTS, LLC

The document number of the limited liability company: L17000193452

The file date of the articles of organization: September 18, 2017

A description of occurrence that resulted in the limited liability company's dissolution:

CLOSED BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

DURVAL FINETO  
15805 BISCAYNE BLVD STE 201  
AVENTURA, FL 33160 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DURVAL FINETO

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Electronic Signature of authorized person