L1800049322

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12/20/2022

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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	C	ORPORATE ACCESS,	When yo	ou need ACCESS to the world			
.		. INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666					
WALK IN							
			PICK UP:	MISTY 12/19			
	•	CERTIFIED CC	DPY				
	XX	рнотосору					
		CUS					
	xx	FILING	DISS	OLUTION			
1.		GENETIFY, LLC (CORPORATE NAME AND	D DOCUMENT #)				
2.		(CORPORATE NAME AN	D DOCUMENT #)				
3.		(CORPORATE NAME AN)	D DOCUMENT #)				
4.		(CORPORATE NAME AN	DOCUMENT #)				
5.		(CORPORATE NAME ANI	DOCUMENT #)				
6.		(CORPORATE NAME ANI	DOCUMENT #)				
	CIA IRU	L CTIONS:					

COVER LETTER

TO: **Registration Section** Division of Corporations

Genetify LLC SUBJECT:

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۰.

(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:

James P. Gueits, Esq.

(Name of Person)

(Firm/Company)

1501 Venera Avenue Suite 203

(Address)

Coral Gables, Florida 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

James P. Gueits	305	606-4449
	ei ()
(Name of Person)	(Area Code	& Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 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

FILED

2022 DEC 19 AM 9: 30

SECREMARY OF STATE TALLAHASSEE, FL

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is
	GENETIFY, LLC

2. The Articles of Organization were filed on February 23, 2018 and assigned

document number L18000049322

3. The delayed effective date the dissolution if not effective on the date of filing: <u>12</u> <u>31</u> <u>22</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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.

 A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The Members have consented in writing to dissolve the entity.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of the authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

Javier Cagigas Benlloch

Printed Name

FILING FEE: \$25.00