

L18000201834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

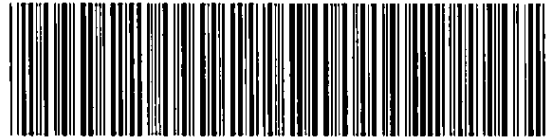
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

File 1st

Office Use Only



200324080622

FILED

2019 FEB -6 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 FEB -6 PM 4:15

SECRET

2019

UCS
2-7-19



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 02/06/2019

Name: Chris Vick

Reference #: 1044542

Entity Name: IRONHACK US LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFICATE OF DISSOLUTION

Authorized Amount: \$25

Signature: [Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ironhack US 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:

Ariel A. Quinones

(Name of Person)

(Firm/Company)

120 SW 8th Street

(Address)

Miami, FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Ariel A. Quinones

(Name of Person)

at (305) 907-7086

(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/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 liability company is

Ironhack US LLC

2. The Articles of Organization were filed on 8/22/2018 and assigned

document number L18000201834

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

The limited liability company no longer wishes to conduct business in Florida.

2018 FEB -6 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

120 SW 8th Street

Miami, FL 33130

6. Signature of an 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

Ariel A. Quinones

Printed Name

FILING FEE: \$25.00