(Requestor's Name)		
- (Ad	dress)	-
(Ad	dress)	
(,	
	(O) - (T) (D)	10
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(2-		,
(DC	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO: Amer	ndment Section		
Divis	ion of Corporations		
SUBJECT:	Dissolution of Sanjenis, Inc.		
DOCUMENT	F NUMBER:		
		- 10 (71)	
The enclosed	Articles of Dissolution and	tee are submitted for filir	ıg.
Please return a	ati correspondence concerni	ng this matter to the follow	wing:
Sergio C Sanjen	is		
	(Name o	of Contact Person)	
Sanjenis, Inc.			
		rm/Company)	
2819 Picadilly C	·	1 2/	
	 		
	(.	Address)	
Kissimmee, FL.	34747		
	(City/S	tate and Zip Code)	
For further int	formation concerning this m	atter inlease call:	I
i or ruriner im	iornation concerning this in	atter, prease can.	
Sergio C Sanjen	its	(305)-219-5402	
	ame of Contact Person)	at ((Daytime Telephone Number)
(142	ine or Contact Person;	(Area Code)	(Daytime prerephone (Value)
Enclosed is a	check for the following amo	ount:	
■ \$35 Filing i	Fee 🚨 \$43.75 Filing Fee &	□ '\$43.75 Filing Fee &	☐ S52.50 Filing Fee.
•	Certificate of Status	Certified Copy	Certificate of Status &
		'(Additional copy is	Certified Copy
		enclosed)	(Additional copy is
			enclosed)
	ING ADDRESS:	STR	EET ADDRESS:
	dment Section	Amendment Section	
	ion of Corporations	Division of Corporations	
	Box 6327	Clifton Building	
Tallah	nassee, FL 32314		Executive Center Circle
		Talla	ihassee, FL 32301

ARTICLES OF DISSOLUTION

rursuant to of dissoluti	on:			
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Sanjenis, Inc.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: December 31, 2017			
	(no more than 90 days after dissolution file date) 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.			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.			
	☐ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:			
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)			
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	Sergio C Sanjenis			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Sanjenis, Inc. Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 2819 Picadilly Circle Kissimmee, FL 34747 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing

Sergio C Sanjenis

Printed Name of the Person Filing