## N20000009498

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MAY 17 2021

## **COVER LETTER**

Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution a	nd fee are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
Sofia Ortiz Morales	
(N	ame of Contact Person)
UN CORAZON DE ANGEL INC	
	(Firm/Company)
10602 Demilo Pl, 302	
	(Address)
Orlando, FL 32836	
(Ci	ty/State and Zip Code)
For further information concerning this	matter, please call:
Sofia Ortiz Morales	at (407 ) 640-2125
(Name of Contact Person)	at () (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following as	mount:
■ \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Compretions	Division of Cornorations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State  UN CORAZON DE ANGEL INC	, • / •
SECOND:	The document number of the corporation (if known):	
THIRD:	The file date of the articles of incorporation: 08/26/2020	
FOURTH	The corporation has not commenced to conduct its affairs.	
FIFTH:	No debts of the corporation remains unpaid.	
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	
	■ The dissolution was authorized by a majority of the directors:  OR	7621.
	☐The dissolution was authorized by an incorporator.	co
	☐ The dissolution was authorized by a majority of the incorporators.	- 
C	(By the chairman or vice chairman of the board, president or other officer- if directors have not an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	C)
	Sofia Ortiz Morales	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35