## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010 Phone : (305)530-9400 Fax Number : (305)530-9409

# DISSOLUTION OR WITHDRAWAL AVEZUL CORPORATION

Certificate of Status	1
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Estimated Charge	\$52.50

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From: 3055309409

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### **COVER LETTER**

TO:	Amendment Section	
	Division of Corporations	

SUBJECT:	AVEZUL CORPORATION
DOCUMENT NUMBER:	P00000002587
The enclosed Articles of Dis	ssolution and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
ALBERTO INTERIAN, ESQ.	
	(Name of Contact Person)
NEIMAN & INTERIAN, PLLC	
	(Firm/Company)
2020 PONCE DE LEON BOUL	EVARD, SUITE 1005B
	(Address)
CORAL GABLES, FLORIDA 3	3134
	(City/State and Zip Code)
For further information conc	erning this matter, please call:
ALBERTO INTERIAN	at (at (
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount:
□ \$35 Filing Fee □ \$43.75 Certific	5 Filing Fee &   \$43.75 Filing Fee &  S52.50 Filing Fee,  Certified Copy  (Additional copy is enclosed)  Certified Copy  (Additional copy is enclosed)

#### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Te: 8506176380 From: 3055309409

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Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  AVEZUL CORPORATION
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: May 31. 2022
	Effective date of dissolution <u>if applicable:</u> (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature:  (By a director, prysident 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)
	RENE PICANS
	(Typed or printed name of person signing)  DIRECTOR
ž	(Title of person signing)

Filing Fee: \$35

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# **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.

Name of Corporation:	AVEZUL CORPORATION	
The above named corporation i	is the subject of dissolution and the effective date of a dissolution is:	<del></del>
	(date filed with the Dept. if date specified in the Articles of Dissolution)	<del></del>
Description of information that	must be included in a claim:	
Detailed descriptio	on of claim together with proof of claim	
·		
		· <del>-</del>
Mailing address where written	claims can be sent: (Claims cannot be sent to the Division of Corporations)	
2709 Meadowood Drive		
Weston, Florida 33332		
A claim against the above name within 4 years after the filing of	ed corporation will be barred unless a proceeding to enforce the claim is corf this notice.	mmenced
RENE PICANS	Q2.t	
Printed Name of	The Person Filing Signature of the Person Filing	<del></del>

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