PCC OCCC 31472

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C. GOLDEN MAR 2 6 2020

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Diesolu	how of Crypovation
DOCUMENT NUMBER:	00000031472
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
MATER	DE SOLA
(Name of	Contact Person)
DANICO FA	IVESTMENTS, FUC.
(Fir	m/Company)
760 San J	van Drive
Coval Gable	Address) S, F. 33143
(City/St	ate and Zip Code)
For further information concerning this ma	atter, please call:
MATEO DESOLA	at (786-247-5946
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
S\$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status & 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 Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION

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:		
	DANICO FONGSTMENTS, FAC.		
SECOND:	The document number of the corporation (if known): $\sqrt{0000031472}$		
THIRD:	The date dissolution was authorized: 3/03/2020		
	Effective date of dissolution if applicable:		
	(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, 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)		
	MATEO DE SOLA		
	(Typed or printed name of person signing)		
	THESIDENT / OWNER		
	(Title of person signing)		

Filing Fee: \$35