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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

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2018 NOV -6 PM 1:51 SECHTIARY OF STATE

C GOLDEN NOV - 8 2018

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| SUBJECT: SALDHER INTERNATIONAL CO | ORPORATION | |
|--|--|--|
| DOCUMENT NUMBER: P00000113734 | | |
| The enclosed Articles of Dissolution and | fee are submitted for filin | តិ: |
| Please return all correspondence concernir | ng this matter to the follow | ving: |
| NATALIA SALDARRIAGA | | |
| (Name of | *Contact Person) | |
| SALDHER INTERNATIONAL CORPORATION | ! | |
| (Fir | m/Company) | - . |
| 560 SABAL PALM RD | | |
| (/ | Address) | |
| MIAMI, FL 33137 | | |
| (City/St | ate and Zip Code) | |
| For further information concerning this ma | atter, please call: | |
| NATALIA SALDARRIAGA | at (<u>305-303-1078</u> | |
| (Name of Contact Person) | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amo | unt: | |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section | | EET ADDRESS: ndment Section |

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2018

NATALIA SALDARRIAGA 560 SABAL PALM ROAD MIAMI, FL 33137

SUBJECT: SALDHER INTERNATIONAL CORPORATION

Ref. Number: P00000113734

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, pleasarcal (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 818A00021

Find Signed Letters attached.

NATALIA SADARGAGA

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles 2018 NOV -6 PM 1:51

| FIRST: | The name of the corporation as currently filed with the Florida Department of State ASSEE, Florida SALDHER INTERNATIONAL CORPORATION | | | |
|---------|--|--|--|--|
| SECOND: | The document number of the corporation (if known): P00000113734 | | | |
| THIRD: | The date dissolution was authorized: | | | |
| | 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: | 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) | | | |
| ; | 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) | | | |
| | NATALIA SALDARRIAGA | | | |
| | (Typed or printed name of person signing) | | | |

(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. 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) NATALIA SALDARRIAGA 560 SABAL PALM RD MIAMI, FL 33137 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. NATALIA SALDARRIAGA Printed Name of the Person Filing