## P01000114990

, (Re	equestor's Name)
. (Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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SEGIETARY OF STATE

APR 18 2018 T. LEAMEUX



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: DARCON GROUP CORP.	
DOCUMENT NUMBER: P01000114990	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
JAIME ACOSTA	
(Name of	Contact Person)
DARCON GROUP CORP.	
(Fir	m/Company)
15476 NW 77 CT #149	
(A	Address)
MIAMI LAKES, FL 33016	
(City/St	ate and Zip Code)
For further information concerning this ma	atter, please call:
JAIME ACOSTA	at (
(Name of Contact Person)	at ( (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## 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:  DARCON GROUP CORP.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 03 01 18
	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)
	JAIME ACOSTA
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)