P04000067049

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	Address)
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(Address)
(City/State/Zip/Phone #)
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	Document Number)
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OLDEC - I PH 3: 55

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Disolotion of Corporation					
DOCUMENT NUMBER: 20 - 1053744					
The enclosed Articles of Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Milagros Diaz (Name of Person)					
(Ivame of Person)					
Diaz Sover Associates Inc. (Name of Firm/Company)					
13572 Sw 8 Jane (Address)					
(Address)					
Miari FZ 33184-1875226 (City/State/and Zin Code)					
(City/State/and Zip Code)					
For further information concerning this matter, please call:					
Milagos Dran at (305) 663-8763 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)					
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399					

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with Department of State:						
	DIAZ Sover Associates, INC.						
SECOND:	The document number of the corporation (if known): P04000067049						
THIRD:	The file date of the articles of incorporation was: $\frac{4/33/04}{}$						
FOURTH:	(CHECK AT LEAST ONE BOX)						
	None of the corporation's shares have been issued.						
	The corporation has not commenced business.						
FIFTH:	No debt of the corporation remains unpaid.						
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.						
SEVENTH:	Adoption of Dissolution (CHECK ONE)						
	A majority of the incorporators authorized the dissolution.						
	☐ A majority of the directors authorized the dissolution.						
	Signed this 22 day of Movember 2004						
	Melyero Drai						
Signatu	(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.)						
	Milagros Diaz						
	(Typed of 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 " <i>Notice of Co</i>	prporate Dissolution" is	s optional and is no	t required when filing a vo	luntary dissolution.
Name of Corporati	on: Diaz	Soven	Associate	Incorporate
Date of dissolution specified in the Ar	will be the date the distictes of Dissolution.	ssolution is filed wi	th the Department of State	
Description of info	rmation that must be in	ncluded in a claim:		
Mailing address wh	nere claims can be sent	: (Claims cannot be	sent to the Division of Co	rporations)
	13522	sw 8	hane	
_	13522 Mani	包 33	184	
_				
. -				
	in 4 years after the filir		inless a proceeding to enfo	rce the claim
Milag	ros Diaz		Milugio	, die
Priole	d Name of the Person Filing		Signature of the I	Person Filing

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