

P05000106255

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407) 898-1757  
Fax Number : (407) 897-5336

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**DISSOLUTION OR WITHDRAWAL  
ANDRADE OLIVEIRA CORPORATION**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

And. Diss  
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COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ANDRADE OLIVEIRA CORPORATION

**DOCUMENT NUMBER:** P05000106255

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAQUELINE A DE OLIVEIRA

(Name of Contact Person)

ANDRADE OLIVEIRA CORPORATION

(Firm/Company)

6054 ROSEATE SPOONBILL DR

(Address)

WINDERMERE, FL 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREA PINE

(Name of Contact Person)

at (407) 898-1757

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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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:

ANDRADE OLIVEIRA CORPORATION

SECOND: The document number of the corporation (if known): P05000106255

THIRD: The date dissolution was authorized: 04/23/2014

Effective date of dissolution if applicable: \_\_\_\_\_

(no more than 90 days after dissolution file date)

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)

JAQUELINE A DE OLIVEIRA

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

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