P0500157723

(Requestor's Name)				
(Address)					
(Address)	-				
(City/State/Zip/Phor	ne #)				
PICK-UP WAIT	MAIL				
(Business Entity Na	me)				
(Document Number)					
Certified Copies Certificate	es of Status				
Special Instructions to Filing Officer:					

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2019 JAH 16 AM 9: 10

19 JAN 16 PH 4: 1

C. GOLDEN JAN 1 7 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 588320 7304793

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE: January 16, 2019

ORDER TIME : 2:47 PM

ORDER NO. : 588320-005

CUSTOMER NO: 7304793

DOMESTIC FILINGS

NAME: STEINER INTERNATIONAL VENTURES, INC.

XX _ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section

Division of Corpora	itions				
SUBJECT:	Steiner	Internation	onal Ventures, Inc.		
DOCUMENT NUMBER: _	P050	00157723			
The enclosed Articles of Disso	olution and fee are	submitted for fili	ng.		
Please return all correspondent	ce concerning this	matter to the follo	wing:		
	Robert				
	(Name of Conta	•			
Steiner International Ventures Inc					
	(Firm/Cor	npany)			
770 S. Dixie Highway, Ste. 200					
	Coral Ga	bles, FL 3 I Zip Code)	3146		
	(City/State and	l Zip Code)			
For further information concern	ning this matter, p	lease call:			
Robert Boch			358 9002		
(Name of Contact Po	erson)	(Area Code)	(Daytime Telephone Number)		
Enclosed is a check for the foll	owing amount:				
\$35 Filing Fee \$43.75 Fi Certificate	e of Status — Ce (Ad	3.75 Filing Fee & ntified Copy lditional copy is closed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns	Ame Divi Clift	EET ADDRESS: endment Section sion of Corporations on Building I Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403. Florida Statutes, this Florida profit corporation submits the following assoles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:					
	Steiner International Ventures, Inc.					
SECOND:	The document number of the corporation (if known): P05000157723					
THIRD:	The date dissolution was authorized: 1. 16. 2019					
	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:	H: 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)					
	(Typed or printed name of person signing)					
	Senior Vice Resident, General Counsel and Secretary					

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:	Steiner	Internatio	nal	Ventures, Inc.			
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 of	an be sent: (Clai	ms cannot be sent to	o the Div	vision of Corporations)			
770 S. DIX	ie Highw	ay Ste.	200				
Coral Gables,	FL 3314	4					
ATTn.: Robert	Boehm						
	_	·					
A claim against the above name within 4 years after the filing of	ed corporation wi this notice.	ill be barred unless :	a proceed	ding to enforce the claim is commenced			
Nobert I		Co		Signature of the Person Filing			
S.V P.	General Cou	nsul and Seco.					

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