Po60000039267

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT: Double Tower G	Group, Inc.
DOCUMENT NUMBER: P06000	0039267
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Mario Coquis	
(Name of	Contact Person)
Double Tower Group, I	nc.
(Fir	m/Company)
PO Box 872	
(A	Address)
Loxahatchee, FL 33470)
(City/Sta	ate and Zip Code)
For further information concerning this ma	atter, please call:
Mario Coquis	at (561) 255-5187
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	unt:
■ \$35 Filing Fee	□ \$43.75 Filing Fee & □ \$52.50 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 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

ARTICLES OF DISSOLUTION

FILED

Pursuant to s of dissolutio	section 607.1403, Florida Statutes, this Florida profit corporation submit 8the following articles in:
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Double Tower Group Inc
SECOND:	The document number of the corporation (if known): P0600039267
THIRD:	The date dissolution was authorized: 12/31/2013
	Effective date of dissolution if applicable: 12/31/2013
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
	Mario Coquis
	(voting group)
	(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)
	Mario Coquis (Typed or printed name of person signing)
	President
	(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: Double Tower Group 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 can be sent: (Claims cannot be sent to the Division of Corporations)	
Mario Coquis	
PO Box 872	
Loxahatchee, FL 33470	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is c within 4 years after the filing of this notice.	ommenced:
Mario Coquis Mans G	~ ~
Printed Name of the Person Filing Signature of the Person Filing	

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