Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

2022 HOV 16 1PM

Account Name

: FASTKIT CORP

Account Number : I2010000009

Phone

: (305)599-0839

Fax Number

: (305)592-9591

DISSOLUTION OR WITHDRAWAL BLUMAX INVESTMENTS, INC.

Certificate of Status	0
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## ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  BLUMAX INVESTMENTS, INC.
SECOND:	The document number of the corporation (if known).
THIRD:	The date dissolution was authorized:
	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 statutury filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	(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)
-	MASSIMO MINARELLI
	(Typed or painted name of person signing)
-	PRESIDENT
	(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

Th:	s notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims enst this corporation as provided in s. 607.1407, F.S.
Thi	5 "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Na	ne of Corporation:  BLUMAX INVESTMENTS, INC.
The	above named corporation is the subject of dissolution and the effective date of a dissolution is:
	(date filed with the Dept. if date specified in the Articles of Dissolution)
Des	pription of information that must be included in a claim:
۱) ۱	AME OF THE PERSON OR ENTITY MAKING THE CLAIM
2) E	ESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM
3) S	TATEMENT OF THE AMOUNT OF THE CLAIM
4) A	NY OTHER INFORMATION RELEVANT TO THE CLAIM
Mai	ling address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
MA	SIMO MINARELLI
C/0	ROCA GONZALEZ P.A.
3370	MARY STREET
MIA	MI, FL 33133
\ cla vithi	in against the above named corporation will be barred unless a proceeding to enforce the claim is commenced in 4 years after the filing of this notice.
ZA b	SIMO MINARELLI  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