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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number : I20180000017

Phone

: (305)340-2000

Fax Number

: (786)953-6246

## DISSOLUTION OR WITHDRAWAL

Certificate of Status	0
Certified Copy	0
Page Count	. 04
Estimated Charge	\$35.00

BRICKELL 53A, INC.

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Corporate Filing Menu

Help

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850-617-6381

4/6/2022 8:37:30 AM PAGE 1/001 Fax Server



April 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BRICKELL 53A, INC. 354 SEVILLA AVENUE CORAL GABLES, FL 33134

SUBJECT: BRICKELL 53A, INC.

REF: P07000028799

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

The document must include a mailing address to which the claim may be sent.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II FAX Aud. #: E22000123691 Letter Number: 922A00007950

Please be advised there are <u>no</u> pending claims against this corporation. It is never a volution dissolution. It is never a volution dissolution. Thank you.

## COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: BRICKELL 53A, INC.			
DOCUMENT NUMBER: P07000028799	)		
The enclosed Articles of Dissolution and	fee are submitted for filir	ng.	
Please return all correspondence concernit	ng this matter to the follo	wing:	
ALEX ORTIZ, CPA		(A) (A) (A) (A) (A) (A)	2022 HAY
(Name of	Contact Person)	*	~: !
E ALEX ORTIZ, CPA, PA			ان ان
(Fir	m/Company)	·	₹IN 10:
2727 PONCE DE LEON BLVD		·	0: 22
(A	Address)	i	
CORAL GABLES, FL 33134			
(City/St	ate and Zip Code)		
For further information concerning this ma	atter, please call:		
ALEX ORTIZ, CPA	at ( <sup>305-340-2000</sup>		
(Name of Contact Person)	(Arca Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following amou	ınt:		
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 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	Ame Divis Clifto	EET ADDRESS:  Indiment Section  Sion of Corporations  On Building  Executive Center Circle	

H220001236013

Tallahassee, FL 32301

## 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:  BRICKELL 53A, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 3/15/2022
	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:	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.
	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 east for dissolution was sufficient for approval by
	Signature: X  (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)  JOSE MARTINEZ  (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)