P0000091623

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000168431 3)))

H190001684313ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

    Account Name   : LAZARUS CORPORATE FILING SERVICE, INC.
    Account Number   : I20000000019
    Phone   : (305)552-5973
    Fax Number   : (305)675-5944

DISSOLUTION OR WITHDRAWAL
JIMEPESA, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

RECEIVED 2019 MAY 24 PM 1:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA 19 MAY 24 AM 8:43 FILED

Electronic Filing Menu   Corporate Filing Menu   Help

MAY 2 8 2019

T SCHROEDER

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:

JIMEPESA   Corp

SECOND: The document number of the corporation (if known): _P08000091623_

THIRD: The date dissolution was authorized: _5/24/19_

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)

Erin Jimenez
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: $35