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(Re	equestor's Name)		
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<u></u>	☐ WAIT	_	
(Bu	usiness Entity Nar	ne)	
(Document Number)			
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SECRETARY OF STATE.

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## **COVER LETTER**

Division of Corporations				
SUBJECT: DISSOLUTION of Cashinvo, Inc				
DOCUMENT NUMBER: PO 90000 97 077				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Arnee 5. Dominaue ? (Name of Contact Person)				
(Firm/Company)				
13705 SW 12th Street (Address)				
·				
Pembroke Pines, FL 33027				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Aine E. Dominguez at (305) 989 - 2  (Name of Contact Person) (Area Code & Daytime To	799 elephone Number			
Enclosed is a check for the following amount:				
(Additional copy is Certified	te of Status & Copy hal copy is			
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRE Amendment Section Division of Corporations Division of Corporations Division of Corporations Clifton Building 2661 Executive Company of the Company of	on orations			

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	Cashinvo, Inc.	
SECOND:	The document number of the corporation (if known): PO80009707	7
THIRD:	The file date of the articles of incorporation: 10 28 08	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	☐ None of the corporation's shares have been issued.	_
	The corporation has not commenced business.	(م)
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	
	☐ A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
	,	
Sign	(By a director, president or other officer - if directory or officers have not been selected, by an incorporator in the hands of a receiver, trustce, or other court appointed fiduciary, by that fiduciary.)	∗เกิ
	Annee E. Domingue 3  (Typed or printed name of person signing)	
	Director / President	

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: Cashin VO, 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:

Any and all facts relating to the alleged claim, including, without limitation, names and contact information of all persons having knowledge of that claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Armée E. Dominguez

13705 SW 12th Street

Pembroke Pines, FL 33027

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Anné E Dominguez
Printed Namo of the Person Eding

Signature of the Person Filing