

PD9000046814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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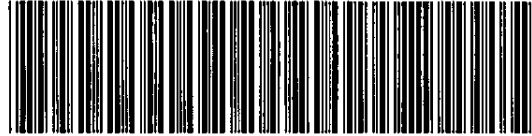
(Business Entity Name)

(Document Number)

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ARM
2-17-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPPI & CO, INC.

DOCUMENT NUMBER: P09000046814

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCIO EDUARTE

(Name of Contact Person)

CAPPI & CO, INC.

(Firm/Company)

111 NE 1ST. STREET #319

(Address)

MIAMI, FL. 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

LUCIO EDUARTE

(Name of Contact Person)

at (305) 749-0999

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION

Pursuant to sections 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: **CAPPI & CO., INC.**
P09000046814

SECOND: The date dissolution was authorized: **12/31/2014**

THIRD: 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 vote of 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)

Signed this 29 day of January, 2015

Signature _____

OR

(By the Chairman or Vice Chairman of the Board, President, or other officer)

LUCIO EDUARTE

Name

PRESIDENT

Title

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