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(Cit	y/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Articles Of Dissolution
DOCUMENT NUMBER: Persuant to Section 607.1401
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angel Silva-
(Name of Contact Person)
(Firm/Company)
502 Delwood Breck St. (Address)
(Address)
Rus Kin, FL 33570 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Angel Silva at (707) 470-4740 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35. Filing. Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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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:	
	Silvana Insurance agency, Inc.	
SECOND:	The document number of the corporation (if known): P0900056960	
THIRD:	The file date of the articles of incorporation: July 01, 2009	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
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. Adoption of Dissolution (CHECK ONE)	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ature: (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.)	
	Angel Silva (Typed or printed name of person signing)	
	President (Title of Person Signing)	
	true or regon orbitals)	

Filing Fee: \$35