P0900059799

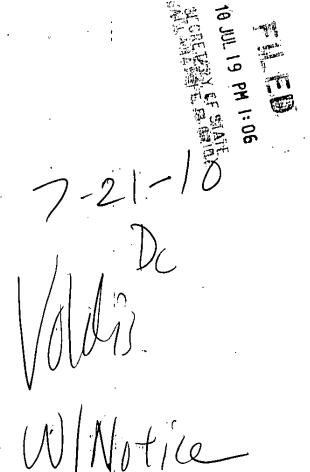
/D -				
. (ке	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution	GADEA Group Inc
DOCUMENT NUMBER: Po 90000	59799
The enclosed Articles of Dissolution and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Filomena ORE	
(Name of Conta	act Person)
GADEA Group Inc	
(Firm/Cor	mpany)
3469 Clark Rd Apt 264	
3469 Clark Rd Apt 264 (Addres	s)
Sarasota FL 34231	
(City/State and	d Zip Code)
For further information concerning this matter, p	lease call:
Filomena ORE or Eoith Arones	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce	#3.75 Filing Fee & \$\Bigsquare\$ \$\\$52.50 \text{Filing Fee,} \\ Certificate of Status & \\ Certified Copy \\ Certified Copy \\ (Additional copy is \\ enclosed) \\ 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

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:						
	GADEA Group Inc						
SECOND:	The document number of the corporation (if known): Po 900059799						
THIRD:	The file date of the articles of incorporation:						
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.						
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 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.)						
	Filomena OEE						
	(Typed or printed name of person signing)						
	President						
	(Title of Person Signing)						

Filing Fee: \$35

Notice of Corporate Dissolution

	y the dissolved corporation nam provided in s. 607.1407, F.S.	ed below for reso	lution of payment of un	known claims
This "Notice of Corporate	e Dissolution" is optional and is	not required whe	n filing a voluntary diss	olution.
Name of Corporation:	GADEA Group	Inc	!	
Date of dissolution will be specified in the Articles of	e the date the dissolution is filed f Dissolution.	with the Departm	ent of State or as	
Description of information	n that must be included in a claim	m;		
Dissolution	because it never	er start l	ousiness .	
	,	***************************************		
	1			
346	nims can be sent: (Claims cannot 9 Clark Rd Apt rasota FL 34231	267		,
			. 1	
A claim against the above within 4 years after the fil	named corporation will be barreing of this notice.	ed unless a procee	eding to enforce the clai	m is commenced
Filomen	ia Dro	."	Filomena O	rg
Printed N	lame of the Person Filing		Signature of the Person Fi	ling

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00