P09000	088696	
(Requestor's Name) (Address)		
(Address)	700269616597	
(City/State/Zip/Phone #)	diss	
	02/19/1501014021 **60.00	
(Business Entity Name)		
(Document Number) Certified Copies Certificates of Status	TALL VILLASSEE, FLOOP	
Special Instructions to Filing Officer:	LORIDA	
Office Use Only	_	





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2015

MARCOS ALVAREZ VERA CASA IDEAS S.A. MANUEL ANTONIO TOCORNAL N 356 SANTIAGO, CHILE 8320000,

SUBJECT: CASAIDEAS HOLDINGS, INC. Ref. Number: P09000088696

We have received your document for CASAIDEAS HOLDINGS, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 815A00004018

### COVER LETTER

**TO:** Amendment Section Division of Corporations

# SUBJECT: COMPANY DISSOLUTION

# DOCUMENT NUMBER: P09000088696

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

Please return all correspondence concerning this matter to the following:

## MARCOS ALVAREZ VERA

(Name of Contact Person)

CASAIDEAS S.A.

(Firm/Company)

## MANUEL ANTONIO TOCORNAL N°356

(Address)

SANTIAGO, CHILE 8320000

(City/State and Zip Code)

For further information concerning this matter, please call:

# MARCOS ALAVAREZ VERA at (+569) 92180781

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status

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

		FILED	
	ARTICLES OF DISSOLUTION	5 FEB 19 PM 1: 18	
Pursuant to of dissoluti	o section 607.1403, Florida Statutes, this Florida profit corporation suba- tion:	Histone totlowlfip 21416 LLAHASSEE PLUTHON	
FIRST:	The name of the corporation as currently filed with the Florida Dep CASAIDEAS HOLDINGS, INC	artment of State:	
SECOND:	The document number of the corporation (if known): P090000	088696	
THIRD:	The date dissolution was authorized: 12-31-2014	10.01.0014	
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after	r dissolution file date)	
FOURTH:	: Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of v was sufficient for approval.	otes cast for dissolution	
Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each votin to vote separately on the plan to dissolve:	g group entitled	
	The number of votes cast for dissolution was sufficient for approval	by	
	1.000 SHARES BY MAURICIC PLASSO CALDE	RON	
	(voting grows)		
	Signature:		
	(By a director, provident or other officer - if directors or officers have not been so an incorporator, if in the hands of a receiver, trustee, or other court appointed for that fiduciary	sleeted, by Juciary, by	
	MAURICIO, RUSSO CALDERON		
	(Typed or printed name of person signing)	<u> </u>	
	PRESIDENT / OWNER		
	(Title of person signing)		

. *'* 

Filing Fee: \$35