Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FASTKIT CORP Account Number : I20100000009

Phone : (305)599-0839

Fax Number : (305)592-9591

## DISSOLUTION OR WITHDRAWAL EDILCUE MB INVESTMENTS, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunblz.org/scripts/efilcovr.exe

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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: EDILCUE MB INVESTMENTS, CORP.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable:
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature:  (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)
	FABRIZIO PELLICCIOTTI
	(Typed or printed name of person signing)
	PRESIDENT
,	(Title of person signing)

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: EDICLCUE MB INVESTMENTS, CORP			
The above named corporation is the subject of dissolution and the effective date of a dissolution	tion is: _		
04/03/2023			
(date filed with the Dept. if date specified in the Articles of Dissolution)	····		<del></del>
Description of information that must be included in a claim:			
1) NAME OF THE PERSON OR ENTITY MAKING THE CLAIM		202	
2) DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CL	AIM	3 HA 1	7
3) STATEMENT OF THE AMOUNT OF THE CLAIM		25	, ee===================================
4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM	(U)	AH	177
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	<u> </u>	37	
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of C		37	
FABRIZIO PELLICCIOTTI		37	
_		37	
FABRIZIO PELLICCIOTTI C'U ROCA GONZALEZ P.A.		37	
FABRIZIO PELLICCIOTTI  C'O ROCA GONZALEZ P.A.  3370 MARY STREET  MIAMI, FLORIDA 33133  A claim against the above named corporation will be barred unless a proceeding to enforce the	Corporat	ions)	nenced
FABRIZIO PELLICCIOTTI  C'U ROCA GONZALEZ P.A.  3370 MARY STREET	Corporat  ne claim	ions)	nenced

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