Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H22000109691 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone

: (305)444-6226

Fax Number

: (305)442-4829

DISSOLUTION OR WITHDRAWAL

A.G. JADE 1508, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
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3/25/2022

TO: Amendment Section

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COVER LETTER

| Division of Corporations | | |
|---|--|---|
| SUBJECT: A.G. JADE 1508, INC. | | |
| DOCUMENT NUMBER: P11000023816 | 0 | |
| The enclosed Articles of Dissolution and | fee are submitted for t | filing. |
| Please return all correspondence concernir | ng this matter to the fo | llowing: |
| LAURA KOHN | | |
| (Name of | Contact Person) | |
| ARAZOZA & COMPANY P.A. | | |
| (Fir | m/Company) | |
| 2100 SALZEDO STREET, SUITE 300 | | |
| (A | (ddress) | |
| CORAL GABLES, FL 33134 | | |
| (City/Sta | ate and Zip Code) | |
| For further information concerning this ma | atter, please call: | |
| LAURA KOHN | at (| |
| (Name of Contact Person) | (Area Cod | le) (Daytime Telephone Number) |
| Enclosed is a check for the following amou | unt: | |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fe Certified Copy (Additional copy is enclosed) | e & \$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 | A D T | treet Address: Immendment Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

FIRST:

A.G. JADE 1508, INC.

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FILED

2022 HAR 24 AM 8: 03

ARTICLES OF DISSOLUTION

SECRED BY OF STATE TALLAHASSEE, FL

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

The name of the corporation as currently filed with the Florida Department of State:

| SECOND: | The document number of the corporation (if known): P11000023810 | | |
|---------|--|--|--|
| THIRD: | The date dissolution was authorized: | | |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will | | |
| | (no more than 90 days after dissolution file date) 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: Liseulo T. do Mlogn. | | |
| | (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) | | |
| - | GRACIELA T. DE SALAZAR | | |
| | (Typed or printed name of person signing) | | |
| | DIRECTOR/VICE PRESIDENT/SECRETARY | | |
| | (Title of person signing) | | |

Filing Fee: \$35