

PI10000055154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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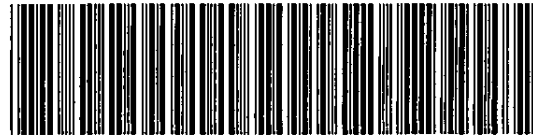
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amel D. B. S.

MAR 23 2017

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FEDAR INVEST, CORP.

**DOCUMENT NUMBER:** P11000055154

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

Please return all correspondence concerning this matter to the following:

MARCELO ARONOWICZ

(Name of Contact Person)

FEDAR INVEST, CORP.

(Firm/Company)

4364 NW 113 CT

(Address)

DORAL, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCELO ARONOWICZ

(Name of Contact Person)

at ( 305 ) 794-7827

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & 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

## ARTICLES OF DISSOLUTION

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

**FIRST:** The name of the corporation is: **FEDAR INVEST, CORP.**  
P11000055154

**SECOND:** The date dissolution was authorized: **12/31/2016**

**THIRD:** Adoption of Dissolution (Check One)

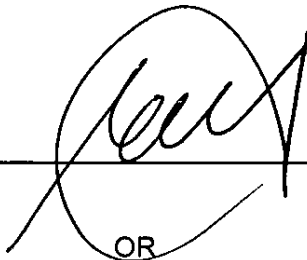
- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by vote of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve*

The number of votes cast for dissolution was sufficient for approval by  
..... (voting group)

Signed this 06 day of February, 2017

Signature \_\_\_\_\_

  
OR

(By the Chairman or Vice Chairman of the Board, President, or other officer)

**ARONOWICZ, MARCELO**

Name

**PRESIDENT**

Title

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**