

FAX AUDIT NO.: H20000437896 3 Florida Department of State

Division of Corporations
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(((H20000437896 3)))



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
Fax Number : (305)442-1227DISSOLUTION OR WITHDRAWAL
20 ISLAND AVE. NO. 614 INC.

Certificate of Status	0
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Estimated Charge	\$43.75

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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:
20 ISLAND AVE. NO. 614 INC.

SECOND: The document number of the corporation (if known): P11000062975

THIRD: The date dissolution was authorized: 23 December, 2020
Effective date of dissolution if applicable: 31 December, 2020
(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:

(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)

Kelvin Browne

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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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: 20 ISLAND AVE.VO. 614.INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

31 December, 2020

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

NAME AND ADDRESS OF CLAIMANT, DESCRIPTION OF CLAIM AND AMOUNT OF CLAIM

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

153 SEVILLA AVENUE

CORALGABLES, FL33134

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

KELVIN BROWNE

Printed Name of the Person Filing



Signature of the Person Filing

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

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