

P110000 66778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

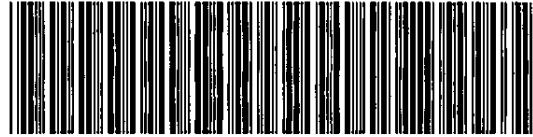
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

7/7

Office Use Only



400260217964

05/19/14--01019--023 **35.00

FILED

14 JUL -7 PM 3:29

Valid.
7/19/14
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 JUL -7 PH 3:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 2, 2014

LILIANA OCHOA
BOTANICA OGGUN
6515 PEMBROKE ROAD
HOLLYWOOD, FL 33023

SUBJECT: ACHE OGGUN INC.
Ref. Number: P11000066778

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE DATE THE ARTICLES OF DISSOLUTION WERE AUTHORIZED BY THE SHAREHOLDERS. THE "DAY" MUST BE INCLUDED IN THE DATE DISSOLUTION WAS AUTHORIZED. ALSO, PLEASE COMPLETE THE DESCRIPTION OF INFORMATION THAT MUST BE INCLUDED IN A CLAIM WITHIN THE NOTICE OF CORPORATE DISSOLUTION. Not including

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 614A00011813

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Ache Ogun, Inc

DOCUMENT NUMBER: P11000066778

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

Please return all correspondence concerning this matter to the following:

Liliana Ochoa

(Name of Contact Person)

Botanica Ogun

(Firm/Company)

6515 Pembroke Rd

(Address)

Hollywood, FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

Liliana Ochoa

(Name of Contact Person)

at (954) 647-4989

(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 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:

Ache Ogun Inc.

SECOND: The document number of the corporation (if known): P1100066778

THIRD: The date dissolution was authorized: April 30, 2013

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: 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 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)

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)

Liliana Ochoa

(Typed or printed name of person signing)

VP

Liliana Ochoa
(Title of person signing)

Filing Fee: \$35

FILED
14 JUL - 7 PM 3:29