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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BARBOSA LEGAL Account Number : I20110000049 Phone : (305)501-4680 Fax Number : (305)359-9543

> DISSOLUTION OR WITHDRAWAL GETA PROPERTY, INC.

Certificate of Status	1
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Help

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Tallahassee, FL 32314

(((H23000133599 3)))

COVER LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: GETA PROPERTY, INC.		
DOCUMENT NUMBER: P11000081224		
The enclosed Articles of Dissolution and	fee are submitted for filin	g.
Please return all correspondence concernir	ng this matter to the follow	ving:
Erika Kitaoka da Silva		
(Name of	Contact Person)	
Barbosa Legal		
(Firm/Company)		2022
407 Lincoln Rd PH-NE		***
(/	Address)	ت
Miami Beach, FL 33139		
(City/St	ate and Zip Code)	9; 9;
For further information concerning this ma	atter, please call:	*
Edwin Cisneros	at (305) 501-4680	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	unt:	
□ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	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	Ame Divis	et Address; ndment Section sion of Corporations Centre of Tallahassee

(((H23000133599 3)))

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(((H230001335993)))

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 Departm GETA PROPERTY, INC.	nent of State:			
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: April 10, 2023				
	Effective date of dissolution if applicable;				
	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 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.	97			
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		<u> </u>			
		Ö			
		9: 24			
S	Signature: (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiducial that fiduciary)				
	EUGENIO CESAR ALVES LACERDA				
	(Typed or printed name of person signing) Director				
	(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: EUGENIO CESAR ALVES LACERDA		
The above named corporation is the subject of dissolution and the effective date of a dissolution is:		
(date filed with the Dept. if date specified in i	the Articles of Dissolution)	
Description of information that must be included in a claim:		
Claim must be in writing and state the name and contact information of the	e party making the claim and detailed allegations.	
	269	
	1.9	
Mailing address where written claims can be sent: (Claims cannot be	e sent to the Division of Corporations)	
Barbosa Legal, 407 Lincoln Road, PH-NE, Minmi Beach, FL 33139	ŷ: 21	
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.	i proceeding to enforce the claim is commenced	
Edwin C. Cisneros, Esq. Printed Name of the Person Filing	Cawin Cisnsros Signature of the Person Filing	

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