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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Articles of Dissol	ution- Coverme USA	. Inc.	
DOCUMENT NUMBER:	12000000653		
The enclosed Articles of Di	ssolution and fee	are submitted for filing.	
Please return all corresponde	ence concerning th	nis matter to the followi	ng:
Dan Sarfati			
	(Name of Co	ntact Person)	
Sarfati Corporate Law PA			
	(Firm/C	Company)	
2670 N.E. 215th Street			
	(Add	ress)	
Aventura FL 33180			
	(City/State	and Zip Code)	
For further information cond	cerning this matter	r. please call:	
Dan Sarfati, Esq.		(305) 467-1807 at (
(Name of Contact	Person)		Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount:		
■ \$35 Filing Fee □ \$43.7 Certific	cate 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
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

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: COVERME USA INC.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: May 1, 2024			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)			
	(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)			
	Rami Hayon			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35