

P12000037331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

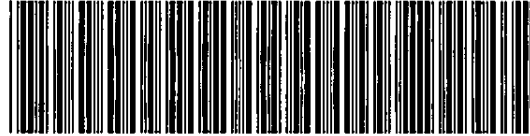
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 14 AM 8:50

DEC 18 2015

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EVONNE GROUP LIMITED INC.

DOCUMENT NUMBER: P12000037331

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

Please return all correspondence concerning this matter to the following:

JOAO H. GOMES, CPA

(Name of Contact Person)

J.H. GOMES COMPANY

(Firm/Company)

5521 N. UNIVERSITY DRIVE, SUITE 104

(Address)

CORAL SPRINGS, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

JOAO H. GOMES, CPA

(Name of Contact Person)

at (954) 510-1898

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

15 DEC 14 AM 8:50

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:
EVONNE GROUP LIMITED INC.

SECOND: The document number of the corporation (if known): P12000037331

THIRD: The date dissolution was authorized: NOVEMBER 1, 2015

Effective date of dissolution if applicable: DECEMBER 1, 2015

(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: 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)

RICARDO PINTO FARIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

FILED
SEE LIST OF CORPORATIONS
DIVISION OF CORPORATIONS

15 DEC 14 AM 8:50

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: EVONNE GROUP LIMITED INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

NAME, CONTACT INFORMATION, CLAIM DETAILS AND DESCRIPTION (AND ANY OTHER SUPPORTING DOCUMENTATION)

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

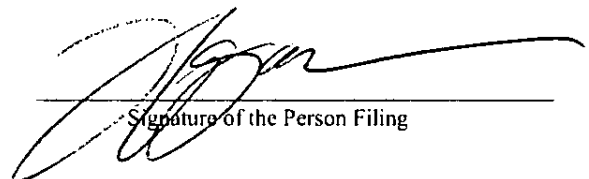
5521 N. UNIVERSITY DRIVE, SUITE 104

CORAL SPRINGS, FL 33067

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.

JOAO H. GOMES, CPA

Printed Name of the Person Filing


Signature of the Person Filing