

P 12000056818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

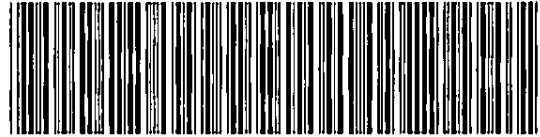
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2022 DEC 19 AM 11:14

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2022 DEC 20 PM 3:15

TALLAHASSEE, FL

12/29/2022

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

43.75

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 12/19

XX CERTIFIED COPY _____

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DISSOLUTION _____

1. **IGENOMIX LATAM, INC.**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2022

CORPORATE ACCESS, INC.

SUBJECT: IGENOMIX LATAM, INC.
Ref. Number: P12000056818

We have received your document for IGENOMIX LATAM, INC. and your check(s) totaling \$68.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 322A00028804

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Corrected

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2022 DEC 22 PM 4:34

FALLAHASSEE, FLORIDA

December 20, 2022

CORPORATE ACCESS, INC.

SUBJECT: IGENOMIX LATAM, INC.
Ref. Number: P12000056818

We have received your document for IGENOMIX LATAM, INC. and your check(s) totaling \$68.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 522A00028351

Please use first
file date

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2022 DEC 20 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FL

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:
IGENOMIX LATAM, INC.
- SECOND: The document number of the corporation (if known): P12000056818
- THIRD: The date dissolution was authorized: 12/20/2022
Effective date of dissolution if applicable: 12/31/2022
(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)

Javier Cagigas Benloch

(Typed or printed name of person signing)

Authorized representative

(Title of person signing)

Filing Fee: \$35