

PI2000081003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000073648 3)))



H150000736483ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : CLARA GIRALDO, P.A.
Account Number : 11999000017
Phone : (305)485-9300
Fax Number : (305)485-1098

DISSOLUTION OR WITHDRAWAL
LA OFICINA CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

15 MAR 24 PM 12:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 24 AM 11:02

RECEIVED
AND
FILED

MAR 25 2015
T. LEANDEUX

H15 0000 736483..

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:

LA OFICINA CORP.

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

P12 0000 81003

THIRD: The date dissolution was authorized:

MARCH 24, 2015

Effective date of dissolution if applicable: MARCH 24, 2015 (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] 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: [Handwritten 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)

DANIEL RESTREPO (Typed or printed name of person signing)

PRESIDENT (Title of person signing)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAR 24 AM 11:02

FILED