# P12000091854

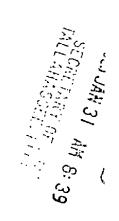
(RE	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
☐ PICK-UP	☐ WAIT	MAIL
_		
(80	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Eiling Officer	
Special instructions to		
	. 4	10RNE B - 1 2023
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 ' P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/31/2023	
Name:	Merritt Walker	
	1891926	_
Entity Name	CONSULTIVA CAPI	TAL SOLUTIONS CORP.
☐ Article	es of Incorporation/Authorization	o Transact Business
Amen	adment	
☐ Chan	ge of Agent	
Reins	tatement	
☐ Conversion		
☐ Merge	er	
✓ Disso	lution/Withdrawal	
Fictition	ous Name	
Other	·	
Authorized A	Amount:\$35	
Signature:	mw	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/31/2023	
Name:	Merritt Walker	_
	1891926	_
		TAL SOLUTIONS CORP.
Article	es of Incorporation/Authorization	to Transact Business
☐ Amer	ndment	
☐ Chan	ge of Agent	
☐ Reins	statement	
☐ Conversion		
☐ Merg	er	
✓ Disso	lution/Withdrawal	
Fictiti	ous Name	
Other		
Authorized A	Amount: <b>\$35</b>	
Signature:	mw	

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Corpo	rate Dissolution		
DOCUMENT NU	JMBER:		
The enclosed Artic	cles of Dissolution and f	ce are submitted for filing	
Please return all co	orrespondence concerning	g this matter to the follow	ing:
Thais Lopez			
	(Name of	Contact Person)	
Consultiva Capital So	lutions, Corp.		
	(Fire	n/Company)	
201 S. Biscayne Blvd	., Suite 2818		
	(A	ddress)	
Miami, Florida 33131	i		
<del></del>	(City/Sta	te and Zip Code)	
For further inform	ation concerning this ma	tter, please call:	
Thais Lopez		786-567-0617 at (	
(Name o	of Contact Person)	(Area Code)	Daytime Telephone Numb
Enclosed is a chec	k for the following amou	ent:	
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate 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)
		C.	. 4 3 3

# 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

# Sich All 8:36

# ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following at of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Consultiva Capital Solutions, Corp.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	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 d not be listed as the document's effective date on the Department of State's records.		
FOURTH:	Dissolution was approved by the Sole shareholder, in the manner required by this chap and the articles of incorporation.		
	Signature: Concuss		
	(By a director, president of 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)		
	Thais Lopez		
	(Typed or printed name of person signing)		
	Director		
	(Title of person signing)		

Filing Fee: \$35