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2020 HAR -2 PH 1: 19

C. GOLDEN MAR 2 3 2020

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: TRANS	rand So	N ProduceI
DOCUMENT NUMBER:	2000100	<u> </u>
The enclosed Articles of Dissolution and f	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following	ng:
	taenand	[76]
(Name of	Contact Person)	
(Firm	n/Company)	•
7/00 SW E	TH TOR	QQCI
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For further information concerning this mat	ter, please call:	
(Name of Contact Person)	(Area Code) (I	Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & i Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section		Address: ment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF DISSOLUTION

2020 HTT -2 PH 1:19

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:
7	Harrandoz and Som traduce INC
SECOND:	The document number of the corporation (if known) 120010170
THIRD:	The date dissolution was authorized: 4/40/2020
	Effective date of dissolution if applicable:
	(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.
	× ·
S	signature: Lorens Agnords
	(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)
	aticia Hornandez
	(Typed or printed name of person signing)
_	traspoult.
	(Title of person signing)

Filing Fee: \$35