

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100320518711

11/09/18--81811--826 ••35.00

S TALLEN - NOV 1 1 2018



Mond

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: GOYEBEL CORP.	·
DOCUMENT NUMBER: P13000029086	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernin	ng this matter to the following:
Nestor Gorfinkel	
(Name of	Contact Person)
Gorfinkel Law	
(Fire	ın/Company)
11900 NE First Street # 300	
(A	Address)
Bellevue, WA 98005	
(City/Sta	ate and Zip Code)
For further information concerning this ma	atter, please call:
Nestor Goirfinkel	at (305-932-5757
(Name of Contact Person)	(Area Code) (Daytime Telephone Number
Enclosed is a check for the following amou	unt:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) ☐ \$62.50 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

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 GOYEBEL CORP.	of State	:	_		
SECOND:	The document number of the corporation (if known):					
THIRD:	The date dissolution was authorized: 11-1-2018					
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requires	n file date) is date v	vill		
FOURTH:	not be listed as the document's effective date on the Department of State's records. Adoption of Dissolution (CHECK ONE)	ŕ				
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dis	solutio	'n		
	☐ Dissolution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled				
	The number of votes cast for dissolution was sufficient for approval by					
		er de la composition della com	18 K			
	(voting group)		K4 6- NO	FILEB		
:	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)					
	Carlos Vernazza					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					

Filing Fee: \$35

Notice of Corporate Dissolution

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:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Name, address, telephone, email and full description of goods or services, date or dates provided,
the name of the person who authorized on behalf of Corporation, an itemized statement of amounts, written agreement or
request for goods or services.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
2475 Hollywood Blvd. Hollywood, FL 33020
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.
Carlos Vernazza
Printed Name of the Person Filing Signature of the Person Filing