P13000054908

(Re	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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99/21/22--01929--093 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: La Caridad Services, Inc Dissolut	tion	
DOCUMENT NUMBER: P13000054908		<u></u>
The enclosed Articles of Dissolution and f	fee are submitted for filing	
Please return all correspondence concerning	g this matter to the follow	ing:
Farid Sahari		
(Name of	Contact Person)	
N/A		
(Fire	n/Company)	
2514 Hollywood Blvd, Suite 508		
(A	ddress)	
Hollywood, FL 33020		
(City/Sta	ite and Zip Code)	
For further information concerning this ma	itter, please call:	
Farid Sahari	954-980-8004 at (
(Name of Contact Person)		Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
■ \$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)

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

FILED

2022 SEP 22 PM 12: 35

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the plant AHASSEE, FL

FIRST:	La Caridad Services, Inc.			
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) 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)			
	Farid Sahari			
	(Typed or printed name of person signing)			
	CEO			
	(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.

La Caridad Service, Inc. Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: September 20, 2022 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Name of claimant, nature of claim, dollar amount claimed, date due, legal or documentary basis for claim, contact information for claimant Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) Yureilis Carrasco-Blanco La Caridad Services, Inc. 1240 NW 37th Avenue Miami, Florida 33125

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.

Printed Name of the Person Filing

Farid Sahari

Signature of the Person Filing