## P13000081529

| (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: |  |  |  |
|   |  |  |  |
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Office Use Only



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2019 APR 29 PM 5: 55



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT:          | INCAP  | P. INC.   |  |
|-------------------|--|---|--|
| DOCUMENT N        | SUMBER: P13000081529                         |   |  |
| The enclosed Ar   | ticles of Dissolution and                    | fee are submitted for filir   | ายู.   |
| Please return all | correspondence concernir                     | ng this matter to the follo   | wing:  |
| JOHN LONDONO      |  |   |  |
|                   | (Name of                                     | Contact Person)   |  |
|                   | (Vie   | m/Company)  |  |
| 777 NW 72 AVE     |  | тих, отграну  |  |
| ·                 | (,,  | Address)  |  |
| DORAL, FL. 33126  | <b>,</b>                                     |   |  |
|                   | (City/St                                     | ate and Zip Code)   |  |
| For further infor | nation concerning this me                    | atter, please call:   |  |
| JOHN LONDONO      |  | at ( 305 - 303 0037   |  |
| (Name             | of Contact Person)                           |   | (Daytime Telephone Number)   |
| Enclosed is a che | eck for the following amor                   | unt:  |  |
| ■ \$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) |
| Amendm            | <u>GADDRESS:</u> ent Section of Corporations | Ame   | EET ADDRESS:<br>ndment Section<br>sion of Corporations                                     |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## 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: INCAP, INC.   |          |  |  |  |
|---------|--|----------|--|--|--|
| SECOND: | The document number of the corporation (if known):   |          |  |  |  |
| THIRD:  | 1ANHARY 31, 2019   |          |  |  |  |
|         | Effective date of dissolution if applicable: JANUARY 31, 2019  |          |  |  |  |
|         | (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: | Adoption of Dissolution (CHECK ONE)  |          |  |  |  |
|         | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.  | n        |  |  |  |
|         | ☐ 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  |          |  |  |  |
|         | 20   |          |  |  |  |
|         | Signature:  (By a director, president or other officer - if directors or officers have not been selected, by 2.5)  |          |  |  |  |
|         | an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by (2) (3) (4) (but fiduciary)   | <i>f</i> |  |  |  |
|         | JAIRO LESMES SALAZAR   |          |  |  |  |
|         | (Typed or printed name of person signing)  |          |  |  |  |
|         | PRES/DIR   |          |  |  |  |
|         | (Little of person signing)   |          |  |  |  |