P13000083307

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: OCEANSIDE 7643, CORP P13000083307 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CAROLYN KAHL (Name of Contact Person) ROCA GONZALEZ P.A. (Firm/Company) 3370 MARY STREET (Address) MIAMI, FL 33133 (City/State and Zip Code) For further information concerning this matter, please call: at (305) 859-6050 CAROLYN KAHL (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) **Street Address:** Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

FILED

ARTICLES OF DISSOLUTION 2021 JUL 26 AM 7: 57

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

TALLANDASSEE, FL

FIRST:	The name of the corporation as currently filed with the Florida Department of State: OCEANSIDE 7643, CORP		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 6/25/2021		
	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 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: Roberto Conti		
	(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)		
	ROBERTO CONTI		
	(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: OCEANSIDE 7643, CORP	
The above named corporation is the subject of dissolution an	the effective date of a dissolution is:
(date filed with the Dept. if date spe	cified in the Articles of Dissolution)
Description of information that must be included in a claim:	
1) NAME OF THE PERSON OR ENTITY MAKING THE CLAIM	1
2) DESCRIPTION OF THE NATURE OF THE CLAIMAND EVE	NTS GIVING RISE TO THE CLAIM
3) STATEMENT OF THE AMOUNT OF THE CLAIM	
4) ANY OTHER INFORMATION RELEVANT TO THE CLAIM	
Mailing address where written claims can be sent: (Claims can OCEANSIDE 7643, CORP	anot be sent to the Division of Corporations)
C/O ROCA GONZALEZ P.A.	
3370 MARY STREET	
MIAMI, FL 33133	
A claim against the above named corporation will be barred u within 4 years after the filing of this notice.	nless a proceeding to enforce the claim is commenced
ROBERTO CONTI	Roberto Conti
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00