

Taylor Seay 8804373622

(04/06) 06/07/2019 09:17:28 AM

## Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**DISSOLUTION OR WITHDRAWAL  
GIRAFFAS USA HOLDING, INC.**

\*\*\*PLEASE PROVIDE  
ORIGINAL  
SUBMISSION DATE OF  
6/5/19\*\*\*

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

2019-11-01

## Electronic Filing Menu

## Corporate Filing Menu

Help

**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:

Giraffas USA Holding, Inc.

**SECOND:** The document number of the corporation (if known): P13000100958

**THIRD:** The date dissolution was authorized: June 5, 2019

**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:** Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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

\_\_\_\_\_ (voting group)

Signature: Marijone Ribeiro

(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)

Marijone Ribeiro

\_\_\_\_\_ (Typed or printed name of person signing)

Chief Operating Officer

\_\_\_\_\_ (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: Giraffas USA Holding, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

All claims against the assets of the corporation must be made in writing and include the claim amount,

basis and origination date.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

201 South Biscayne Boulevard

Suite 1200, Room 02

Miami, Florida 33131

Attention: Marijone Ribeiro

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.

Marijone Ribeiro

Printed Name of the Person Filing

Marijone Ribeiro

Signature of the Person Filing

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