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SECRETARY OF STATE

ANJ DISS

JUL 0 à 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

Dissolution of Corporation SUBJECT: P14000041973 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Julio Gonzalez (Name of Contact Person) 6374 Franchising, Inc. (Firm/Company) 6374 SW 33 Terrace (Address) Miami, FL 33155 (City/State and Zip Code) For further information concerning this matter, please call: Julio Gonzalez (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 (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations Division 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: 6374 Franchising, inc. The document number of the corporation (if known): P14000041973					
SECOND:						
THIRD:	The date dissolution was authorized: 6/25/2018					
	Effective date of dissolution if applicable: 6/25/2018					
	(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 was sufficient for approval.	cast for	dissol	ution		
	☐ Dissolution was approved by the shareholders through voting group	s.				
	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	SECRE T	2018 JUN	<u>T</u>		
	(voting group)	NRY OF	29 PA	m		
	Signature: (By a director, president or other officer - if directors or officers have not been selected)	STATE LORIDA	2: 83	_		
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciar that fiduciary)					
	Julio Gonzalez					
	(Typed or printed name of person signing)			 -		
	President					
	(Title of person signing)					