

12/28/2018 10:37 AM PST

TO: 18506176380 FROM: 9045126629

Division of Corporations

Page: 1

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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6380

R. WHITE

JAN 02 2019

From: Account Name : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904)406-8086
Fax Number : (904)567-1066

DISSOLUTION OR WITHDRAWAL
ANDES UNITE INC.

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

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H18000366096 3

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ARTICLES OF DISSOLUTION

FOR

ANDES UNITE INC.

1. The name of the corporation as currently filed with the Florida Department of State is Andes Unite Inc. (the "Company").
2. The Articles of Incorporation were filed on June 13, 2014 and assigned document number P14000051770.
3. Dissolution of the Company was unanimously approved as of December 28, 2018 by the consent of the sole Director and sole Shareholder of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. All debts, liabilities and obligations of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Shareholders in accordance with their respective rights and interests.
6. There are no suits pending against the Company in any court.

The undersigned, being the sole Director of the Company, hereby approves the above Articles of Dissolution this 28th day of December, 2018.


 Adriana Murillo, Director

H18000366096 3

H18000366096 3

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: Andes Unite Inc.

Document Number of Corporation is: P14000051770.

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 written claim:

- Date of event giving rise to claim.
- Nature of claim/description of event giving rise to claim.
- Amount of Claim.
- Name and contact information of claimant.
- Copies of any written agreement or other documentation supporting claim.

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

Adriana Murillo
14286 Beach Blvd., #19-206
Jacksonville, Florida 32250

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.


Adriana Murillo, Director

H18000366096 3