

MON/MAR/16/2015 10:40 AM

GLOBAL CONNECTIONS R

FAX No. 954-284-3444

P. 001

3/16/2015

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043

Phone : (305)397-8553

Fax Number : (305)397-8521

MAR 17 2015

R. WHITE

RECEIVED

15 MAR 16 AM 11:25

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL ARRIETA GROUP, INC

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

FILED
MAR 16 2015
TALLAHASSEE, FLORIDA

15 MAR 16 AM 9:05

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Corporate Filing Menu

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H15000065787.3
ATX1**COVER LETTER****TO:** Amendment Section
Division of Corporations**SUBJECT:** ARRIETA GROUP, INC**DOCUMENT NUMBER:** P14000083158The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SALVADOR F. ARRIETA

(Name of Contact Person)

ARRIETA GROUP, INC

(Firm/Company)

900 BAY DRIVE, Suite 510

(Address)

MIAMI BEACH, FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

SALVADOR F. ARRIETA

(Name of Contact Person)

at (786) 603-4557

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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)

MAILING ADDRESS:Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**STREET ADDRESS:**Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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:

ARRIETA GROUP, INC

SECOND: The document number of the corporation (if known): P14000083156

THIRD: The date dissolution was authorized: 3/18/2015

Effective date of dissolution if applicable: 3/16/2015

(no more than 90 days after dissolution file date)

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: _____

(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)

SALVADOR F. ARRIETA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
MAR 16 AM 9:05
15

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ATX1**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: ARRIETA GROUP, 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:

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

900 BAY DRIVE, STE 510

MIAMI BEACH, FL 33141

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.

SALVADOR F. ARRIETA

Printed Name of the Person Filing



Signature of the Person Filing