

P140000100714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

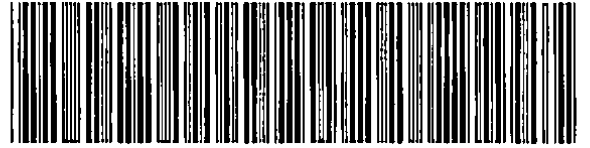
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ROGOLAN SA, INC.

DOCUMENT NUMBER: P14000100714

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriel Ramos MBA

Name of Contact Person

Ramos, Ramos & Company

Firm/ Company

8798 SW 8th Street, Suite 6

Address

Miami, FL 33174

City/ State and Zip Code

gabriel@ramosramosco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Ramos MBA

305

220-2127

Name of Contact Person

at (

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

## 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:  
ROGOLAN SA, INC.

SECOND: The document number of the corporation (if known): P14000100714

THIRD: The date dissolution was authorized: December 21, 2018

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: \_\_\_\_\_

*Rosario Gonzalez Landa*

(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)

ROSARIO GONZALEZ-LANDA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE  
FLORIDA

**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: ROGOLAN SA, 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 must include the claim amount, origin date, and copy of document supporting claim. The deadline for submitting claims is 120 days from the date "Articles of Dissolution" are filed ("Claim Date"). All claims not received by the "Claim Date" will not be recognized.

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

8798 SW 8th Street, Suite 6

Miami, FL 33174

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.

ROSARIO GONZÁLEZ LANDA

Printed Name of the Person Filing

Rosario González Landa

Signature of the Person Filing

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