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.

(((H210003894753)))



H210003894753ABC6

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 : BARBOSA LEGAL Account Number : I20110000049 Phone : (305)501-4680

Fax Number

: (305)359-9543

DISSOLUTION OR WITHDRAWAL MUITA FORTUNA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$43.75

21 OCT 19 AHII: 25

Electronic Filing Menu

Corporate Filing Menu

Help

1./4

https://sfile.cuphiz.org/actinta/afilenur.ev

(((H21000389475 3)))

COVER LETTER

TO: Amendment Section Division of Corporations MUITA FORTUNA INC. SUBJECT: P15000025774 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ILEANA L. YORK (Name of Contact Person) BARBOSA LEGAL (Firm/Company) 407 LINCOLN ROAD PH-NE (Address) MIAMI BEACH, FL 33139 (City/State and Zip Code) For further information concerning this matter, please call: ILEANA L. YORK (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

Certified Copy
(Additional copy is enclosed)

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H21000389475 3)))

(((H21000389475 3)))

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: MUITA FORTUNA INC.			
SECOND:	OND: The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: 09/07/2021			
	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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
	LIZANAVA TYCITAS Signature: Lizandra Freitas (Oct 18, 2021 17:32 ADT)			
	(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)			
	Maria de Lisandra Napolitano Freitas			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

ILEO

(((H210003894753)))

Filing Fee: \$35

(((H21000389475 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:		
The above named corporation is the subject of dissolution and the effective date of a dissolution is:	09/07/202	21
(date filed with the Dept. if date specified in the Articles of Dissolution)		
Description of information that must be included in a claim:		
Claim must be in writing and state the name and contact information of the party making the claim and detain	led allegat	ions.
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corpor	rations 9	FILED
Barbosa Legal, 407 Lincoln Road, PH-NE, Miami Beach, FL 33139	A A	— —
	25	
A claim against the above named corporation will be barred unless a proceeding to enforce the clai within 4 years after the filing of this notice.	m is comi	menced
ILEANA L. YORK United You	<u>k</u>	
Printed Name of the Person Filing Signature of the Cerson Fil	ing	

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