

PI5000 034 906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

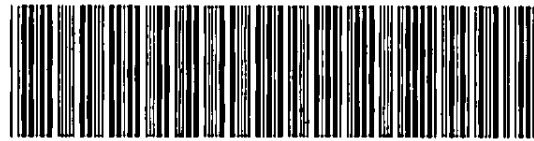
(Document Number)

Certified Copies _____

Certificates of Status _____

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19 AUG 26 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 6 AM

T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AREPAS EL CACAO 2 CORP

DOCUMENT NUMBER: P15000034906

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

Please return all correspondence concerning this matter to the following:

RENNYER BALZA

(Name of Contact Person)

(Firm/Company)

4115 W TOWN CENTER BLVD STE B

(Address)

ORLANDO FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

RENNYER BALZA

(Name of Contact Person)

at (407-956-7278

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

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

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:
AREPAS EL CACAO 2 CORP

SECOND: The document number of the corporation (if known): P15000034906

THIRD: The date dissolution was authorized: 06/30/2019

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: _____

(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)

RENNYER BALZA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FL

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: AREPAS EL CACAO 2 CORP

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:

NAME OF CLAIMER

DETAILS OF CLAIM. RELEVANT FACTS CONCERNING THE CLAIM

DOLLAR AMOUNT THAT IS CLAIMED

ENCLOSE EVIDENCE TO SUBSTANTIATE THE CLAIM

CONTACT INFORMATION

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

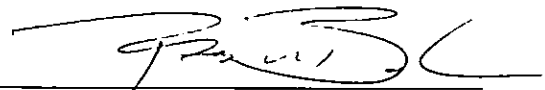
4115 W TOWN CENTER BLVD STE B

ORLANDO FL 32837

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.

RENNYER BALZA

Printed Name of the Person Filing


Signature of the Person Filing

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TALLAHASSEE, FLORIDA