

P15000036759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

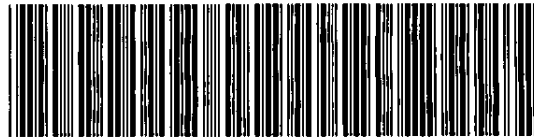
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500293441945

FILED

2016 DEC 27 AM 9:19

SECRETARY OF STATE
TREASURER
CLERK

RECEIVED

16 DEC 27 PM 5:28

TO THE SECRETARY OF STATE
SUFFICIENCY OF FILING

12/28/16

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 12/27/16

NAME: ARCO-IRIS USA CORPORATION

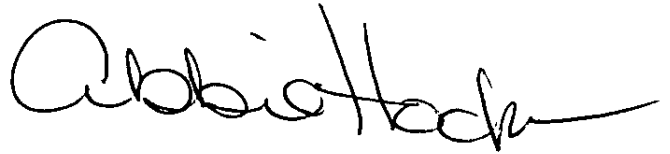
TYPE OF FILING: DISSOLUTION

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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:
ARCO-IRIS USA CORPORATION

SECOND: The document number of the corporation (if known): P15000036759

THIRD: The date dissolution was authorized: DECEMBER 27, 2016

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 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)

Emilio da Silva Neto

(Typed or printed name of person signing)

President

(Title of person signing)

FILED

2016 DEC 27 PM 9:19

CLERK OF THE FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA