P1500063252

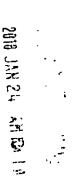
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	me)
(50	Shiess Chity Ival	nej
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100308127871

01/24/18--01017--005 **43.75



11.125 2018

COVER LETTER

TO: Amendment Section	2010 1431 0
Division of Corporations	2018 JAN 24 AM RELLA
SUBJECT: Corporate Dissolution	
DOCUMENT NUMBER:	72
The enclosed Articles of Dissolution and fee are submitted for fil	ing.
Please return all correspondence concerning this matter to the foll	owing:
Lloyd M. Fisher (Name of Contact Person)	
(Number of Contact Person)	
Jovita Management Group (Firm/Company)	
(Firm/Company)	
34145 SAHALEE COOP	
(Addiess)	
DAde City - FLorida 33525 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Lloyd M. FishER at (352	668 4724
(Name of Contact Person) (Area Code	(Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)	& □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	REET ADDRESS:
	nendment Section
	v (5 () () () () () () () () ()

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles
of dissoluti	on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Jovita Management Group
SECOND:	The document number of the corporation (if known): P1500063252
THIRD:	The date dissolution was authorized: $\frac{12/30/2017}{}$
	Effective date of dissolution if applicable: 12/31/2017
	(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
	Lloyd M. FishER Christine A. FishER
	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) (Typed or printed name of person signing)
	President (Title of person signing)

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 Disso	olution" is optional and	d is not required w	hen filing a voluntar	ry dissolution.
Name of Corporation:	JovitA M.	ANA SEMCN	t Group	
Date of dissolution will be the daspecified in the Articles of Disso		led with the Depar	tment of State or as	
Description of information that r				
N/A Tovita MANA	Their	Are NO	ClAims A	against
Jovita Mana	Isement G	roup.		
			 	
Mailing address where claims ca	n be sent: (Claims can	not be sent to the l	Division of Corpora	tions)
34145 SA	hAlec loop	Dade C	ity, FL 3	33525
A claim against the above named within 4 years after the filing of		arred unless a proc	ceeding to enforce th	ne claim is commenced
Lloyd M.	FishED		Il Que	Links
Printed Name of	the Person Filing		Signature of the Pe	rson Filing

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