P15000075233

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Disabertion

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COVER LETTER TO: Amendment Section **Division of Corporations** FLOVISA USA2 INC. SUBJECT: P15000075233 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alvaro Castillo (Name of Contact Person) Castillo & Associates (Firm/Company) 1390 Brickell Avenue Suite 200 (Address) Miami, FL 33131 2023 DEC - 7 AH I (Citv/State and Zip Code) For further information concerning this matter, please call: at (_____ Alvaro Castillo (Name of Contact Person) (Area Code) (Daytime Telephone Number) 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 Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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:		
	FLOVISA USA2 INC.	_	
	P15000075233		

SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:	2 5 2023	
		12/31/2023	
	(no more than 90 days after dissolution file date) <u>Note:</u> 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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

ł < <u>ר</u> F 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 07 that fiduciary)

MARIA F FLORIDO

(Typed or printed name of person signing)

President and Director

(Title of person signing)

Filing Fee: \$35