# P1500090082

(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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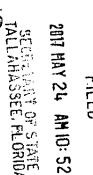
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05/24/17--01021--026 \*\*35.00

Eft: 5/30/17



C. GOLDEN MAY 3 0 2017

# **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations		
SUBJECT: Dissolution	of Corporation	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
trances	entact Person)	
(Name of Co	ontact Person)	
Jonico Corporation (Firm/Company)		
(Firm/Company)		
2375 Cypress Trone Circle (Address)		
(Address)		
Orlando, FC 3282) (City/State and Zip Code)		
(City/State	and Zip Code)	
For further information concerning this matter, please call:		
Frances Colon (Name of Contact Person)	at ( 321) - 662-1257 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount		
Certificate of Status	1 \$43.75 Filing Fee &       □ \$52.50 Filing Fee,         Certified Copy       Certificate of Status &         (Additional copy is enclosed)       (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

# ARTICLES OF DISSOLUTION

2017 MAY 24 AM 10: 52

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submitted the following attitles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Torico Corporation	
SECOND:	The document number of the corporation (if known):	
THIRD:		
	Effective date of dissolution if applicable: 5/30/17  (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)	
	Frances Colon (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 Dissolution" is optional and is not required when filing a voluntary dissolution.

Jorico Corporation 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: Nature of the claim, supporting documentation which gave rise to the claim, warme of claimant, and name address, phone and emoil address ere the claimant or its representative can Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 2375 Cypress True Cirde 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. Signature of the Person Filing