Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010

Phone Fax Number : (305)530-9400 : (305)530-9409

DISSOLUTION OR WITHDRAWAL

INVERSIONES SIMA 10464 INC.

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Estimated Charge	\$52.50

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	INVERSIONES	SIMA 10464 INC.		_
DOCUMENT NU	MBER: P16000017723			_
The enclosed Artic	cles of Dissolution and fe	ee are submitted for filing	3 .	
Please return all co	rrespondence concerning	this matter to the follow	ving:	
ALBERTO INTERIA	AN, ESQ.			
	(Name of C	Contact Person)		_
NEIMAN & INTER	IAN, PLLC		SEC TA	2024
	(Fim	n/Company)	i-lin	_ }
2020 PONCE DE LE	ON BOULEVARD, SUITE	1005B	HAR.	2024 APR -5 Pr
	(Ac	idress)	1/10 1/17	
CORAL GABLES, F	FLORIDA 33134		C STA	PH 4: 36
	(City/Star	te and Zip Code)	Fi	_ 66
For further informa	ation concerning this mat	ter, please call:		
ALBERTO INTERIA	AN	at (at		··
(Name o	of Contact Person)	(Area Code)	(Daytime Telephone N	umber)
Enclosed is a checl	k for the following amou	nt:		
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		Certificate of Status	
Mailing Address Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	Amer Divis The C 2415	t Address: ndment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit hassee, FL 32303	e 810

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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: INVERSIONES SIMA 10464 INC.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: April 3, 2024				
	Effective date of dissolution <u>if applicable:</u> (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				
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this shapting and the articles of incorporation.				
	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)				
	ANGEL SISO-MARTINEZ				
	(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.

INVERSIONES SIMA 10464 INC. Name of Corporation:____ The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Detailed description of claim together with proof of claim. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) The Trust Company of the Marshall Islands, Inc. Trust Company Complex Ajeltake Road, Ajeltake Island Marjuro, Republic of the Marshall Islands, MH 96960 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. ANGEL SISO-MARTINEZ Printed Name of the Person Filing

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