

FILED
May 14, 2020
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
BRIGIDA OYOLA - GONZALEZ CORP

SECOND: The document number of the corporation: P16000054876

THIRD: The file date of the articles of incorporation: June 24, 2016

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: BRIGIDA OYOLA OWNER

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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.

Name of Corporation:

BRIGIDA OYOLA - GONZALEZ CORP

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:

I WANT TO CANCEL THIS CORPORATION BECAUSE THE BUSINESS WAS NOT SUCCESSFUL. I COULD NOT KEEP IT RUNNING, SINCE DECEMBER 2017 IT IS NOT OPERATING. AND SINCE I DIDN'T HAVE A PROFESSIONAL ACCESSORY, I DIDN'T KNOW HOW TO KEEP IT WORKING.

Mailing address where claims can be sent:

6918 LARMON ST APT B
TAMPA, FL 33634

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: BRIGIDA OYOLA

Electronic Signature of the Person Filing