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SB 10/3/28

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: ADVE	NIR @ DEL ARTE TOWNH	OMES GP INC.		
DOCUMENT NU	MBER: P16000063714	-		
The enclosed Artic	les of Dissolution and f	ee are submitted for filing		
Please return all co	rrespondence concerning	g this matter to the followi	ng:	
Cameron Beilly				
	(Name of	Contact Person)		
Kopelowitz Ostrow Fe	erguson Weiselberg Gilbert			202
	(Firm	n/Company)	二声	
1 West Las Olas Blvd.	, 5th Floor		• • •	902 AUSTH PS 14
	(A	ddress)		70
Fort Lauderdale, FL 3	3301			
	(City/Sta	te and Zip Code)	; 1	
For further informa	ition concerning this mad	ter, please call:		
Cameron Beilly		at ((954) 289-2107		
(Name o	f Contact Person)	(Area Code) (Daytime Telephor	ne Number)
Enclosed is a check	c for the following amou	nt:		
□ \$35 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Certificate of State Certified Copy (Additional copy enclosed)	atus &
Mailing Address Amendment Sec		Street Address: Amendment Section		

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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: ADVENIR @ DEL ARTE TOWNHOMES GP INC.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: July 8, 2025			
	Effective date of dissolution if applicable: June 31, 2024			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
	Signature: Steven Meac : (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)			
	Steven Mead			
	(Typed or printed name of person signing)			
	Chief Financial Officer			
	(Title of person signing)			

Filing Fee: \$35