(Requestor's Name) (Address) (Address)	200318998082
(City/State/Zip/Phone #)	
(Document Number)	10/05/1801021003 ↔+35.00
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TO:	Amendment Section
	Division of Corporations

SUBJECT: YOAN CORP

DOCUMENT NUMBER: P16000064528

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS A. OSPINA JIMENEZ

(Name of Contact Person)

(Firm/Company)

134 SYCAMORE LN, APT A

(Address)

OLDSMAR, FL, 34677

(City/State and Zip Code)

For further information concerning this matter, please call:

Tallahassee, FL 32314

CARLOS A. OSPINA JIMENEZ 813-500-0360 at ( (Area Code) (Davtime Telephone Number) (Name of Contact Person) 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 Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Putsuant 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: YOAN CORP

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes east 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

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(voting group)	7	
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	<b>x</b>	$\Box$
	5	
$A = \int \int dx \int dx$		
Signature: WWW JARW VI		
(By a director, president or other officer - i Vijectors or officers have not been selected, by		
an incorporator - it in the hands of a receiver Acustee, or other court appointed fiduciary, by		
that fiduciary)		

CARLOS A. OSPINA JIMENEZ

(Typed or printed name of person signing)

PRESIDENT

## 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.

YOAN CORP Name of 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:

YOAN CORP

CARLOS A. OSPINA J.

UNKNOWN CLAIMS.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

134 SYCAMORE LN. APT A

OLDSMAR, FL, 34677

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.

CARLOS A. OSPINA J.

Printed Name of the Person Filing

Signati

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