Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002453893)))



H170002453893ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973

Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL

CATA BALZANO, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SAGRETARY OF STATE

ECEIVED FIB MO BZ

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 1 9 7017

ण्डा हाल्यास्टा

H1700U245389

ARTICLES OF DISSOLUTION

Puisuant to of dissoluti	o section 607.1403, Flain:	orida Statutes, this Florida profit corporation submits the following artic	les
FIRST:	The name of the	orporation as currently filed with the Florida Department of State: CATA BALZANO, INC	
SECOND:	The document nut	nber of the corporation (if known):	
THIRD:	The date dissolution	on was authorized: 08/23/2017	
	<u> </u>	insolution (Canal) - 1.1	
	Note: If the date inse	(no more than 90 days ofter dissolution file date) and in this block does not meet the applicable statutory filing requirements, this date valuent's effective date on the Department of State's records.	rill
FOURTH:	Adoption of Disso	lution (CHECK ONE)	
	Dissolution was sufficient	s approved by the shareholders. The number of votes cast for dissolutio for approval.	ภ
	☐ Dissolution wa	s approved by the shareholders through voting groups.	
	The following state	ment must be separately provided for each voting group entitled on the plan to dissolve:	
	The number of vot	s cast for dissolution was sufficient for approval by	
•		(voting group)	
•	Signature: \(\frac{1}{2}\).	Wand July and a sept a	7
	(By a Unrecloy, g an incorporator that fiduciary)	resident or other officers if directors or officers have not been selected by: if in the hands of a receiver, trustee, or other court appointed fiduciary by:	F
		CATERUNA BALZANO	
	ť	Yped or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	