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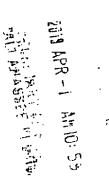
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: INKY OCTOPUS DESIGNS	
DOCUMENT NUMBER: P16000076	462
The enclosed Articles of Dissolution	and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
ARIADNA OJEDA	
(Nan	e of Contact Person)
AYUDA CENTER	
	(Firm/Company)
8230 CORAL WAY	
	(Address)
MIAMI, FL 33155	
(Cit	y/State and Zip Code)
For further information concerning this	s matter, please call:
ARIADNA OJEDA	at (305) 971-5232
(Name of Contact Person)	
Enclosed is a check for the following	amount:
■ \$35 Filing Fee □ \$43.75 Filing Fe Certificate of Sta	
MAH ING ADDRESS:	STREET ADDRESS:

MAILING ADDRESS:
Amendment Section Division of Corporations P.O. Box 6327

Amendment Section **Division of Corporations** Clifton Building

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: INKY OCTOPUS DESIGNS CORP		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 03/27/2019		
	Effective date of dissolution if applicable:		
	(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 not be listed as the document's effective date on the Department of State's records.		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	☐ Dissolution was approved by the shareholders. The number of votes cast 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:		
	(voting group)		
	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)		
	CLAUDIO J. 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. Name of Corporation: ______ INKY OCTOPUS DESIGNS 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) AYUDA CENTER 8230 CORAL WAY MIAMI, FL 33155 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. Signature of the error Filing

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