Florida Department of State øf 5 To: 8506176380 Division of Corporations Electronic Filing Cover Sheet

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Corporate Filing Menu

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From: 3055309409

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COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: ______BRICKELL TOWN INVESTMENTS, INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

ALBERTO INTERIAN, ESQ.

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(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERTO INTERI	AN	305-530-9400 at (
(Name o	of Contact Person)	······································	(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
🗆 \$35 Filing Fee	Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
<u>Mailing Addre</u> Amendment Se Division of Co P.O. Box 6327 Tallahassce, FI	ction porations	Amer Divis The C 2415	t Address: adment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

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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:
	BRICKELL TOWN INVESTMENTS, INC.

 SECOND:
 The document number of the corporation (if known):

 THIRD:
 The date dissolution was authorized:

 December 19, 2023

 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 filter will

 not be listed as the document's effective date on the Department of State's records.

 FOURTH:
 Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

GABRIEL GALLO-ONOFRI

(Typed or printed name of person signing)

PRESIDENT

(Thie of person signing)

Filing Fee: \$35

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From: 3055309409

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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: BRICKELL TOWN INVESTMENTS INC.

	!	202
(date filed with the Dept. if date specified in the Auticles of Dissolution)	1	Ē
Description of information that must be included in a claim:		610
Detailed description of claim together with proof of claim.	201 101 101	AH
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Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

5805 Blue Lagoon Drive

Suite 200

Miami, Florida 33126

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 Person Filing

GABRIEL GALLO-ONOFRI

Printed Name of the Person Filing

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