

**FILED  
Apr 30, 2020  
Secretary of State**

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
AUTOMOTRIZ DE OCCIDENTE CA, INC.

SECOND: The document number of the corporation: P18000046797

THIRD: The file date of the articles of incorporation: May 22, 2018

**FOURTH:** None of the corporation's shares have been issued.

**FIFTH:** No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

**SEVENTH:** A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ALEXANDER RIVAS RINCON ORGANIZER

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## **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.

Name of Corporation:

AUTOMOTRIZ DE OCCIDENTE CA, INC.

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:

A COUPLE OF MONTHS AGO WE MOVED TO GEORGIA. WE NO LONGER ARE GOING TO USE THE CORPORATION SO WE HAVE DECIDED TO CLOSE THE CORPORATION

Mailing address where claims can be sent:

701 TREECREEK PKWY  
LAWRENCVILLE, GA 30043

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ALEXANDER RIVAS RINCON

Electronic Signature of the Person Filing