

918000082442

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H21000087186 3)))



H210000871863ABC0

**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 : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**DISSOLUTION OR WITHDRAWAL  
CODEX 369 INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

2021/03/03 AM 11:08  
DIVISION OF STATE  
CORPORATIONS  
FLORIDA  
3D

**ARTICLE 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:

**CODEX 369 INC**

SECOND: The document number of the corporation ( if Known ): **P18000082442**

THIRD: The date dissolution was authorized: **MARCH 02, 2021**

Effective date of dissolution if applicable:

( no more than 90 days after dissolution file date )

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:

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
( 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 )

**WILLIAM J AGUIRRE**

\_\_\_\_\_  
( type or printed name of person signing )

**PRESIDENT**

\_\_\_\_\_  
( Title of person signing )

FILED  
MAR 04 2021  
AM 11:00  
TALLAHASSEE, FL