P18000099532

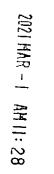
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER,

TO: Amendment Section Division of Corporations
SUBJECT: OLIVIA OTTO INC.
DOCUMENT NUMBER: P18000099532
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
OLIVIA OTTO
(Name of Contact Person)
OLIVIA OTTO INC.
(Firm/Company)
15432 TALL DAK AVE
(Address)
DELRAY BEACH, FL 33446
(City/State and Zip Code)
For further information concerning this matter, please call:
OLIVIA OTTO at (561 - 90) - 905) (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status \$\Bigcup \\$Certificate of Status
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:		
	OLIVIA OTTO INC.		
SECOND:	The document number of the corporation (if known): P180000 99532		
THIRD:	The date dissolution was authorized: $12/31/2020$		
	Effective date of dissolution <u>if applicable</u> : \(\frac{12}{3} \) \(\frac{20}{20} \) (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
S	ignature: (By a tirector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hards of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Do RoTHY OTO (Typed or printed name of person signing)		
-	Pasident (Title of person signing)		

Filing Fee: \$35