

P18000100765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

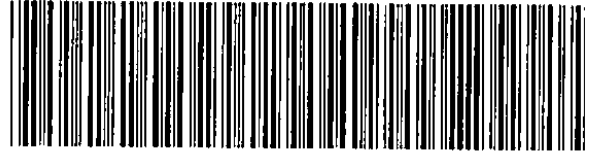
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR 30 2024

Office Use Only



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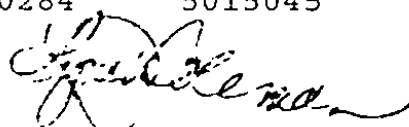
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 APR 29 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 440284 5015045  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : April 29, 2024  
ORDER TIME : 2:04 PM  
ORDER NO. : 440284-005  
CUSTOMER NO: 5015045

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DOMESTIC FILINGS

NAME: MTP 2, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2024 APR 29 AM 10:  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## 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:

MTP 2, Inc.

SECOND: The document number of the corporation (if known): P18000100765

THIRD: The date dissolution was authorized: July 31, 2023

Effective date of dissolution if applicable: upon filing

(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.

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator, or if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Jose I. Peres

(Typed or printed name of person signing)

Director

(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: MTP 2, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_  
the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

A reasonable description of the claim, including the amount claimed and circumstances and circumstances surrounding the claim; the identity of the claimant; and the mailing address of the claimant.

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Marcelo Kingston

1450 Brickell Avenue

Suite 2750

Miami, FL 33131

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.

Jose I. Peres

Printed Name of the Person Filing

  
Signature of the Person Filing

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