## P19000063574

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Tallahassee, FL 32314

SUBJECT: DISOLUTION OF FLORIDA PROFIT CORPORATION				
DOCUMENT NUMBER: P19000063574				
The enclosed Articles of Dissolution and	fee are submitted for filing.			
Please return all correspondence concernir	ng this matter to the following:			
JULIO CESAR BETANCOURT				
(Name of	Contact Person)			
JD SOLUTION USA INC				
(Fir	m/Company)			
11514 NW 88 AVE				
(A	Address)			
HIALEAH GARDENS FL 33018				
(City/St	ate and Zip Code)			
For further information concerning this ma	atter, please call:			
JULIO CESAR BETANCOURT	at ( <sup>(786)</sup> 271-2099			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amo	unt:			
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee			

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 Departme JD SOLUTION USA INC	ent of Sta	ite:		
SECOND:	The document number of the corporation (if known):				
ΓHIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:				
	(no more than 90 days after dissolved) (no more than 90 d			te wi	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
5	Signature:	CALL SHALL AND A STATE AND A S	20 JAN 28 AM 7: 46		
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)				
	JULIO CESAR BETANCOURT				
	(Typed or printed name of person signing)				
	DIRECTOR				
	(Title of person signing)		<del></del>	_	

Filing Fee: \$35