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To:

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EDDIE FERNANDEZ, PA

Account Number : I20190000058 Phone : (407)574-5009 Fax Number : (407)574-5953

DISSOLUTION OR WITHDRAWAL EM ELL & CO.

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Page Count	03
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Help

p.2

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ARTICLES OF DISSOLUTION **FOR** EM ELL & CO.

The undersigned, on behalf of EM ELL & CO., a Florida corporation, executes the following Articles of Dissolution, pursuant to Section 607.1403, Florida Statutes.

- The name of the corportaion is EM ELL & CO., (the "Corporation"). 1.
- 2. The Articles of Organization of the Corporation were filed on 09/26/2019 with an effective date of 09/26/2019 and assigned document number P19000074047.
- The Corporation authorized the Corporation's dissolution on October 18, 2021 and the 3. effective date of the Corporation's dissolution is October 22, 2021.
- 4. The occurrence that led to the corporation's dissolution:

THE SHAREHOLDER OF THE CORPORATION HAS APPROVED THE DISSOLUTION OF THE CORPORATION AND HAS AUTHORIZED SUCH ACTION BY WRITTEN CONSENT.

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.

EXECUTED this $\mathcal{Q}\mathcal{V}$ day of October, 2021.

President

p.3

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NOTICE OF CORPORATE DISSOLUTION

The undersigned, on behalf of the dissolved corporation, EM ELL & CO., a Florida corporation, executes the following notice for resolution of payment of unknown claims against this Coporation, pursuant to Section 607.1407, Florida Statutes.

- The name of the corporation is EM ELL & CO., (the "Corporation"). 1.
- Document Number of Corporation: P19000074047. 2.
- The above-named Corporation is the subject of dissolution and the effective date of the 3. Corporation's dissolution is October 22, 2021.
- To confirm your claim, you must deliver a written confirmation to the Corportaion identifying 4. the amount of your claim and specific details pertaining to your claim including, but not limited to, the date that the amount of your claim accrues, the events giving rise to your claim, and proof of invoice.
- All claims must be addressed to: 5.

EM ELL & CO. c/o MARI VELA 2200 WINTER SPRINGS BLVD. SUITE 106-333 OVIEDO, FL 32765

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.

EXECUTED this May of October, 2021.

EM ELL & CO.

President