## P20000003290

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: OPTIMMAX CORP.	
DOCUMENT NUMBER: P20000003290	
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
OPTIM	MAX CORP.
(Name of C	Contact Person)
GENNAI	DIY OLEYARSH
(Firm/Company)	
137 QI	UENTIN ROAD
(Ad	ddress)
BROOF	(LYN, NY 11223
(City/Sta	te and Zip Code)
For further information concerning this man	tter, please call:
(Name of Contact Person)	at (917) v 579-8364 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

2023 FEB 17 AM 7:51

Pursuant to section 607.1401, 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: OPTIMMAX CORP.
SECOND:	The document number of the corporation (if known): P20000003290
THIRD:	The file date of the articles of incorporation:
FOURTH:	None of the corporation's shares have been issued.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
SEVENTH	: A majority of the incorporators or directors authorized the dissolution.
Sign	nature: Lemandin Olivareh
3161	(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.)
	GENNADIY OLEYARSH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35