P2CCCO047744

(Re	equestor's Name)				
(Address)					
(Ad	(dress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
J. HORNE					
AUG 2 6 2022					
	· · •				

Office Use Only



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COVER LETTER

TO:		ent Section of Corporations			
SUBJ	ECT: DID I	DISTRIBUTORS INC		·	· · · · · · · · · · · · · · · · · · ·
DOC	UMENT NI	UMBER: 85-1726187			
The en	nclosed Arti	icles of Dissolution and i	ce are submitted f	or filing	2 .
Please	e return all c	orrespondence concernin	g this matter to the	: follow	ving:
		RUTH REAL			
		(Name of	Contact Person)		
RUTH REAL & ASSOCIATES					
*	· ·	(Fire	n/Company)		
		4995 NW 7	2 AVENUE STE 408	Y	
		(A	ddress)		
		MIAMI, FL	.ORIDA ³ 3166		
	···	(City/Sta	te and Zip Code)	···	
For fu	rther inform	ation concerning this ma	tter, please call:		
RUTH	REAL		786-473-0 at (236	
	(Name	of Contact Person)		Code)	(Daytime Telephone Number)
Enclos	sed is a chec	k for the following amou	nt:		
□ \$35	Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	■ \$43.75 Filing Certified Copy (Additional copenclosed)		☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Div P.C	iling Addre nendment Se vision of Cor D. Box 6327 lahassee, FL	porations		Amen Divis The C 2415	t Address: Idment Section Idment Section Identification of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Dassee, FL 32303

FILED

ARTICLES OF DISSOLUTION

2022 JUN 10 AH 10: 50

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation subinits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: DID DISTRIBUTORS INC
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 05/13/2022
	Effective date of dissolution if applicable:
	(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 diffeer - 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)
ķ	EIDER RAYO QUINTERO
iligi.	PRESIDENT (Typed or printed name of person signing)
	(Title of person signing)

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: DID DISTRIBUTORS INC	
The above named corporation is the subject of dissolution and the effective	ective date of a dissolution is: 5/13/222
(date filed with the Dept. if date specified in the	Articles of Dissolution)
Description of information that must be included in a claim:	
CORPORATION HAS CLOSED	
Mailing address where written claims can be sent: (Claims cannot be s	ent to the Division of Corporations)
4995 NW 72 AVENUE STE 408. MIAMI, FL 33166	
A claim against the above named corporation will be barred unless a prowithin 4 years after the filing of this notice.	roceeding to enforce the claim is commenced
	(1111)
EIDER RAYO QUINTERO	(idal
Printed Name of the Person Filing	Signature of the Person Filing