

6/15/2021

Division of Corporations

P210002354029

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

**DISSOLUTION OR WITHDRAWAL
NEW LIFE NUEVA VIDA CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUN 18 2021

S. PRATHER

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Corporate Filing Menu

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June 17, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NEW LIFE NUEVA VIDA CORP
18255 NW 68 AVE #111
MIAMI, FL 33015US

SUBJECT: NEW LIFE NUEVA VIDA CORP
REF: P21000054029

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

If the corporation is a PROFIT corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H2100C235826
Letter Number: 921A00013565

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:
NEW LIFE NUEVA VIDA CORP

SECOND: The document number of the corporation (if known): P21000054029

THIRD: The date dissolution was authorized: _____

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: Yelitza Sandrea
(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)

YELITZA SANDREA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
2021 JUN 17 AM 8:35
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: _____

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

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

Description of information that must be included in a claim:

THE INTENTION WAS TO CREATE A NON PROFIT WITH THIS NAME

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

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.

YELITZA SANDREA

Printed Name of the Person Filing

Yelitza Sandrea

Signature of the Person Filing

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

2021 JUN 17 AM 8:35
DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED