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Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution of corporation		
DOCUMENT NUMBER: P22000002894		
The enclosed Articles of Dissolution and fe	ce are submitted for filin	g.
Please return all correspondence concerning	g this matter to the follow	ving:
OTILIO CONDE		
(Name of C	Contact Person)	
MORINI & CONDE GROUP INC		
(Firm	n/Company)	
2225 N COMMERCE PARKWAY SECOND FLOO	OR 8	
(Ac	idress)	. 2
WESTON, FL 33326		2022 SEP
(City/State	te and Zip Code)	<u> </u>
For further information concerning this mat	ter, please call:	ص
Otilio Condt	at (_ 7-8 6 8.5	568725 B
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
■ \$35 Filing Fee	☐ \$43.75 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	Ame Divis	et Address: Indment Section It is of Corporations 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 Department of MORINI & CONDE GROUP INC	State:			
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:				
	(no more than 90 days after dissolution to Note: If the date inserted in this block does not meet the applicable statutory filing requirement 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 the articles of incorporation.	chapto	er and		
		2022 SEP 16 PH 3:	• (;		
5	(By a director, president or other officers of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	3 : 00	:né		
	Otilio Conde				
	(Typed or printed name of person signing)				
	Owner				
	(Title of person signing)				

Filing Fee: \$35