

P22000017429

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000047055 3)))



H250000470553ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**DISSOLUTION OR WITHDRAWAL
LA CREMA DE LAS EMPANADAS CORP**

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

2025 FEB -6 PM 7:36
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

2025 FEB -6 PM 4:31
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL

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:
La Crema de las empanadas corp

SECOND: The document number of the corporation (if known): P22000017428

THIRD: The date dissolution was authorized: 1/31/25

Effective date of dissolution if applicable: 2/1/25

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

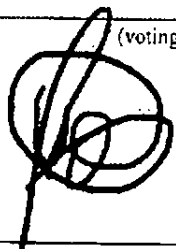
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: 

(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)

Jose Garcia

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FL

2025 FEB -6 PM 7:36

FILED