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TO: Amendment Section

COVER LETTER

Division of Corporations		
SUBJECT: VOLUNTARY DISSOLUTION		
DOCUMENT NUMBER: P22000044967		
The enclosed Articles of Dissolution and fe	e are submitted for filing	
Please return all correspondence concerning	this matter to the follow	ing:
MARIA D. ARIAS GONZALEZ		
(Name of C	Contact Person)	
COQUETA 19 INC		
(Firm,	/Company)	
1825 LINHART AVE., LOT #74		
(Ad	dress)	
FORT MYERS, FL 33901		
(City/State	and Zip Code)	·
For further information concerning this matte	er, please call:	
MARIA D. ARIAS GONZALEZ	at ()	0-0703
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amoun	t:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$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 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

ARTICLES OF DISSOLUTION MAR 19 PM 3: 29

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: COOUETA 19 INC The document number of the corporation (if known):____ SECOND: The file date of the articles of incorporation: MAY 31, 2022 THIRD: 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. 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.) MARIA D. ARIAS GONZALEZ (Typed or printed name of person signing)

Filing Fee: \$35

(Title of Person Signing)

PRESIDENT