

P22 0000 51610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

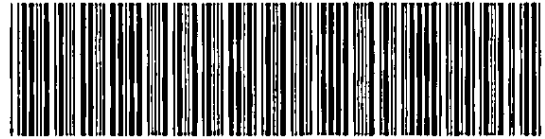
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2023

MARK OLEGANIO
6516 POND APPLE ROAD
BOCA RATON, FL 33433 US

SUBJECT: OLEGARIBROS INC
Ref. Number: P22000051610

We have received your document for and your check(s) totaling **\$15.00**. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$10.00 due.

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 423A00014711

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Olegaribros, Inc.

DOCUMENT NUMBER: 423A00014711

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Olegario
(Name of Contact Person)

Olegaribros, Inc.
(Firm/Company)

6516 Pond Apple Rd.
(Address)

Boca Raton, FL 33433
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Olegario at (561) 212-2522
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| <u>\$10.00</u> | | | |

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

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:

Olegaribros, Inc.

SECOND: The document number of the corporation (if known): P22000051610

THIRD: The date dissolution was authorized: 7/10/2023

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 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)

Mark Olegario

(Typed or printed name of person signing)

Owner

(Title of person signing)

Filing Fee: \$35