

P23000000691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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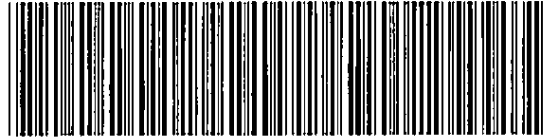
(Business Entity Name)

(Document Number)

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S. PRATHER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLARIVETTE INC. CLOSE CORPOTATION

**DOCUMENT NUMBER:** P23000000691

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

Please return all correspondence concerning this matter to the following:

1070 UMBRIA DR. KISSIMMEE, FL. 34759

(Name of Contact Person)

ALBA OSSA

(Firm/Company)

CLARIVETTE INC.

(Address)

1070 UMBRIA DR. KISSIMMEE, FL. 34759

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBA OSSA

at (908) 3708602

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

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

## 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:  
CLARIVETTE INC

SECOND: The document number of the corporation (if known): P23000000691

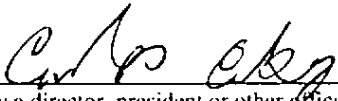
THIRD: The date dissolution was authorized: DECEMBER 15 2023

Effective date of dissolution if applicable: DECEMBER 12 2022

(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)

CARLOS M. ABOY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

2024 JAN -3 11:51:25  
FILED  
CLERK OF COURT  
HALL COUNTY, FLORIDA