

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:





700423944977

02/15/24--01010--003 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CORPORATE DISSOLUTION		
DOCUMENT NUMBER: P94000081444		
The enclosed Articles of Dissolution and t	fee are submitted for filing	<i>3</i> .
Please return all correspondence concernin	g this matter to the follow	ing:
ALINA D. CARABALLO		
	Contact Person)	
(Name of	Contact i cison)	
(Fin	m/Company)	
11322 NW 65 STREET		
(A	.ddress)	
DORAL, FL 33178		
(City/Sta	nte and Zip Code)	
For further information concerning this ma	tter, please call:	
ALINA CARABALLO	305-724-5939 at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
\$\ \$\\$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		t Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	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: DEL REY INVESTMENT CORP.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 12/31/2023		
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)		
	<u>Note:</u> 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: Alma Calle		
	(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)		
	ALINA D. CARABALLO		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: _______DEL REY INVESTMENT CORP. The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/31/2023 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 11322 NW 65 STREETDORAL, FL 33178 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. ALINA D. CARABALLO Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00