

P950000 83981

(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:

A standard linear barcode is positioned horizontally across the page, consisting of vertical black lines of varying widths on a white background.

900338939359

01/11/2000 - 01/07/2000 - 01/08

• 11
52 58

2020 JUN 13 AM 8:03

Office Use Only

C GOLDEN
7-1 - 8 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

DeZayas Insurance of Hialeah Corp.
Closing Corporation

SUBJECT: _____

DOCUMENT NUMBER: P 95000 83981

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

Please return all correspondence concerning this matter to the following:

Cecilia Alvarez

(Name of Contact Person)

DeZayas Insurance of Hialeah Corp.

(Firm/Company)

1570 W 43rd Pl #19

(Address)

Hialeah FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Cecilia Alvarez at 305 322 2027

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

ARTICLES OF DISSOLUTION

2020-07-13 AM 8:03

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:

De Zayas Insurance of Hialeah corp.

SECOND: The document number of the corporation (if known): P 95 000 03981

THIRD: The date dissolution was authorized: 12/31/19

Effective date of dissolution if applicable: Same

(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.

YES

Signature: Cecilia Alvarez

(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)

Cecilia Alvarez

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35