

P96 000082535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

10/14/20--01095--007 +435.00

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

11/20/20

Car

2020 OCT 14 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERINEEDLE CORP

DOCUMENT NUMBER: P96000082535

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

Please return all correspondence concerning this matter to the following.

SHEILA AMATE

(Name of Contact Person)

AMERINEEDLE CORP.

(Firm/Company)

11236 SW 28 STREET

MIAMI, FL 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

SHELA AMATE

305-551-9139

(Name of Contact Person)

all (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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

2020 OCT 14 PM 4:04

ARTICLES OF DISSOLUTION

SECRETARY OF STATE

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation ~~AMERINEEDLE CORP~~ is filing the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
AMERINEEDLE CORP

SECOND: The document number of the corporation (if known): P96000082535

THIRD: The date dissolution was authorized: SEPTEMBER 15, 2020

Effective date of dissolution if applicable: SEPTEMBER 15, 2020

(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)

SHEILA AMATE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35