# P98000053678

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Dissolution of A. Oliveros	Inc.
DOCUMENT NUMBER: P98000	0053678
The enclosed Articles of Dissolution	on and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Vanessa Oliveros	
4)	Name of Contact Person)
A Oliveros Inc.	
	(Firm/Company)
3114 West 69 Place	
	(Address)
Hiałeah, FL 33018	
(	(City/State and Zip Code)
For further information concerning	this matter, please call:
Vanessa Oliveros	at ( <sup>(786)</sup> 431-9610
(Name of Contact Person	n) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	ng amount:
■ \$35 Filing Fee □ \$43.75 Filing Certificate of	· · · · · · · · · · · · · · · · · · ·

### **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 A Oliveros Inc	of State	•	
SECOND:	The document number of the corporation (if known):			<u>-</u> _
THIRD:	The date dissolution was authorized:			
FOURTH.	Effective date of dissolution <u>if applicable</u> :  (no more than 90 days after dissolution <u>Note</u> : If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records.	ments, th	iis date	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this the articles of incorporation.	s cnapt <u>E</u> c		
		CLAHASSEE, FLORIDA	2021 OCT 22 PH 6: 31	FILED
	(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)			_
	Piedad Oliveros			
	(Typed or printed name of person signing)			_
	President			
	(Title of person signing)			_

Filing Fee: \$35