P99000022859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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10 NOV -4 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CC

Amt D155
w/ notice
@ 11/5/10

# 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:

SAURO USA, INC.

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

THIRD: The date dissolution was authorized: 10/28/2010

Effective date of dissolution if applicable: 10/31/2010
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

_____
(voting group)

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10 NOV -4 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

CATERINA TOMAS
(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: Savio USA, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the ***Articles of Dissolution***.

Description of information that must be included in a claim:

Name & address of claimant.
Invoice # / amount of invoice.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1604 A Bench Mark Dive
Austin, TX 78728

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.

CATERINA TOMAS
Printed Name of the Person Filing

Signature of the Person Filing

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