P06000039432

(Re	equestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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04/29/10--01023--025 **35.00

TALLAHASSEE, FLORIDA

BOR-5/3/10

COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: Dissolution of Castellon's Transport Service Inc. DOCUMENT NUMBER: P06000039432 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Benjamin Castellon (Name of Contact Person) Castellon's Transport Service Inc. (Firm/Company) 8644 Rosa Vista Ave (Address) Orlando, FL 32810 (City/State and Zip Code) For further information concerning this matter, please call: at (407) 497-1129 (Area Code & Daytime Telephone Number) Benjamin Castellon (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building l'allahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to	section 607,1403, Florida Statutes, this Florida profit corporation submits the language ricles		
of dissolutio	The name of the corporation as currently filed with the Florida Department of State: AM II: 22 SECRETARY OF STATE TALLAHASSEE, FLORID:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Castellon's Transport Service, Inc.		
SECOND:	The document number of the corporation (if known): P06000039432		
THIRD:	The date dissolution was authorized: 04-25-2010		
	Effective date of dissolution if applicable: 04-25-2010 (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 sharcholders 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)		
	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)		
	Benjamin Castellon		
	(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: Castellon's Transport Servi	ce inc.
Date of dissolution will be the date the dissolution is filed with specified in the Articles of Dissolution.	the Department of State or as
Description of information that must be included in a claim:	
Mailing address where claims can be sent: (Claims cannot be se	nt to the Division of Corporations)
8644 Rosa Vista Ave	
Orlando, FL 32810	
A claim against the above named corporation will be barred unlike within 4 years after the filing of this notice.	ess a proceeding to enforce the claim is commenced
Benjamin Castellon	0/
Printed Name of the Person Filling	Signature of the Person Filling