

480433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

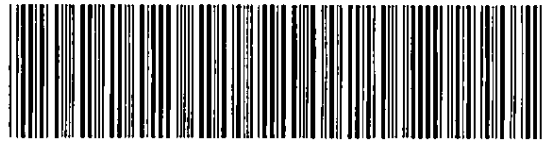
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2024 JUL 11 AM 8:11

FILED

480



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 07/11/24
Order #: 1553209-1
Re: APL Logistics Freight Systems, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:
I20000000195

A handwritten signature in cursive script, appearing to read 'Shauna Godbolt'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of APL Logistics Freight Systems, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Jennifer Young Donnelly

(Name of Contact Person)

APL Logistics Americas, Ltd.

(Firm/Company)

14350 North 87th Street, Suite 350

(Address)

Scottsdale, Arizona 85260

(City/State and Zip Code)

For further information concerning this matter, please call:

602-571-4482

(Name of Contact Person)

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation ²⁸⁰submits the following articles of dissolution: 07/3/20

FIRST: The name of the corporation as currently filed with the Florida Department of State:
APL Logistics Freight Systems, Inc.

SECOND: The document number of the corporation (if known): 480433

THIRD: The date dissolution was authorized: 7/1/2024

Effective date of dissolution if applicable: _____
(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: Fabio Duque Barros
(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)

Fabio Duque Barros
(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: APL Logistics Freight Systems, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

In all claims, claimants must state the amount of their claim, state the nature of the claim, provide the name and address of the claimant, and all claims must be signed.

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

14350 North 87th Street, Suite 350 Scottsdale, Arizona 85260

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.

Fabio Duque Barros

Printed Name of the Person Filing

Fabio Duque Barros

Signature of the Person Filing