F1900005555

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Docu	iment Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
	J. HORNE			
MAY - 8 2023				
_ 				





900407517539



2029 MAY -5 AM 8: 27

RECEIVED

'FLORIDA CAPITAL COURIER SERVICES, INC	
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this account: I	20210000160: \$35.00
Authorization Signature: Jan	Full
ARCOFISA INTERNATIONAL CORP F	1900005555
BUSINESS NAME DOCL	JMENT #
Certified Copy of Articles of Incorpora	tion
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	X Withdrawal
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent Revocation of Dissolution
Domestication Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

.

FLORIDA CAPITAL COURIER SERVICES, INC					
2330 CLARE DRIVE					
TALLAHASSEE, FL 32309					
(850) 524–5437					
(850) 524–6243					
Please use funds from this account: I20210000160: \$35.00					
Authorization Signature: Jun Hull :					
ARCOFISA INTERNATIONAL CORF	U				
BUSINESS NAME	OCUMENT #				
Certified Copy of Articles of Incorporation					
Certificate of Status					
NEW FILINGS	<u>AMMENDMENTS</u>				
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	X Withdrawal Resignation of R.A. Officer/Director Change of Registered Agent Revocation of Dissolution Merger Conversion Amended and restated Articles Statement of Authority				
OTHER FILINGS	REGISTERATION/QUALIFICATIONS				
Annual Report	Foreign filing				
Fictitious Name	Limited Partnership Reinstatement				
APOSTILLE	Other				
Country					
EXAMINER'S INITIALS:					

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	IECT: ARCOFISA INTERNATIONAL	CORP
		(Name of Corporation)
DOC	UMENT NUMBER: F19000005555	5
The e	nclosed withdrawal application an	nd fee are submitted for filing.
Please	e return all correspondence concerni	ing this matter to the following:
		(Name of Person)
	BLUEMAX PARTNERS CORP	
		(Firm/Company)
	848 BRICKELL AVE. STE 1130	
		(Address)
	MIAMI, FLORIDA, 33131	
	((City/State and Zip code)
For fu	orther information concerning this ma	natter, please call:
Martin	E. Delloca	at (6073493
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo:	sed is a check for the amount:	
■ \$3:	5 Filing Fee	& 🗆 \$43.75 Filing Fee & 🗀 \$52.50 Filing Fee, IS Certified Copy Certificate of Status & Certified (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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

ARCOFISA INTERNATIONAL CORP	
(Name of Corpora	ation)
F19000005555	
(Document Number of Corpor	ration (if known)
(Incorporated Under Laws of and date authorized to t	三 三 一
This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or conduct	ing affairs within the State of Florida and hereb duct affairs in Florida.
This corporation revokes the authority of its registered ager ppoints the Department of State as its agent for service of prolime it was authorized to transact business or conduct affairs in	ocess based on a cause of action ariging during the
he following is a current mailing address for the corporation:	
848 BRICKELL AVE. STE 1130	
(Mailing Addres	s)
MIAMI, FLORIDA, 33131	
(City/ State /Zip)
he corporation agrees to notify the Department of State in the	e future of any change in its mailing address.
	05/04/2023
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Martin E. Delloca	Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35