

G187623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

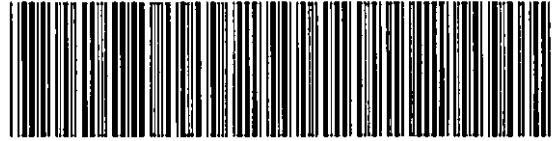
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023-01-19 11:47



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2023

AVI COHEN
10001 W. OAKLNAD PARK BLVD SUITE 202
SUNRISE, FL 33351

SUBJECT: MESCO SYSTEMS CORPORATION OF FLORIDA
Ref. Number: G87623

We have received your document for MESCO SYSTEMS CORPORATION OF FLORIDA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ENTITY WAS ADMINISTRATIVELY DISSOLVED FOR ANNUAL REPORT
09/27/2019.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Alecia Rivers
Regulatory Specialist III

Letter Number: 523A00006029

RECEIVED
APR 10 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MESCO SYSTEMS COROORATION OF FLORIDA

DOCUMENT NUMBER: G87623

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

Please return all correspondence concerning this matter to the following:

AVI COHEN

(Name of Contact Person)

MESCO SYSTEMS CORPORATION OF FLORIDA

(Firm/Company)

10001 W OAKLAND PARK BLVD SUITE 202,

(Address)

SUNRISE, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

SHIMON COHEN

(Name of Contact Person)

at (954) 3238624

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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

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:
MESCO SYSTEMS CORPORATION OF FLORIDA

SECOND: The document number of the corporation (if known): G87623

THIRD: The date dissolution was authorized: DECEMBER 14, 2022

Effective date of dissolution if applicable: DECEMBER 14, 2022

(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: _____

(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)

SHIMON COHEN

(Typed or printed name of person signing)

DIRECTOR

(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: MESCO SYSTEMS CORPORATIOON OF FLORIDA

The above named corporation is the subject of dissolution and the effective date of a dissolution is: DECEMBER 14, 2022

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

Description of information that must be included in a claim:

100% OF SHARE HOLDER VOTES AGREED TO THE DISSOLUTION

THERE ARE NO KNOWN CREDITORS.

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

10001 W OAKLAND PARK BLVD

SUITE 202

SURISE, FL 33351

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.

SHIMON COHEN
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