L01000007049

(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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05/04/21--01032--012 **25.00

2021 MAY -3 PM 12:07

SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUN 18 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joepat LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph C Perfito
(Name of Person)

Joepat LLC
(Firm/Company)

1848 Lake Grove Lane
(Address)

Orlando, FL 32806
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph C Perfito at (407) 257-7683
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ $25.00 Filing Fee and Certificate of Dissolution

☐ $55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

   Joepat LLC

2. The Articles of Organization were filed on 05/04/2001 and assigned

   document number L01000007049

3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2021
   (effective date cannot be prior to or more than 90 days later than date document is received for filing)

   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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

   The consent of all the Members.

   The consent of all the Members.

   The consent of all the Members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

   Signature

   Joseph C Perfito
   Printed Name

FILING FEE: $25.00

2021 MAY -3 PM 12:07

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "**Notice of Limited Liability Company Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Joepat LLC

Document number of Limited Liability Company is: L01000007049

Date of dissolution was: 04/30/2021

Description of information that must be included in a written claim:

Name of claimant; Reason for claim; Date of claim's transaction; copy of invoice supporting claim

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

1848 Lake Grove Lane, Orlando FL 32806

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Joseph C Perfito
Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $25.00