

L19000231026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

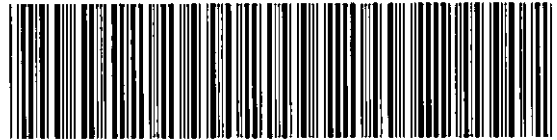
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.
File 2st

Office Use Only



500338258735

2019 DEC 19 PM 1:20
CALIFORNIA SECRET OF STATE

FILED

2019 DEC 19 PM 3:20
SECRET OF STATE

K SALY

DEC 19 2019

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 12/19/2019 **PRIORITY** Routine **OUR REF # (Order ID#)** 796090

ORDER ENTITY
SATFAM 1850, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SATFAM 1850, LLC (FL)

File the attached dissolution document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2019 DEC 19 PM 1:26
RECEIVED
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
SATFAM 1850, LLC

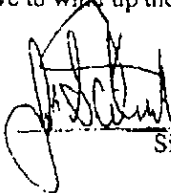
2. The Articles of Organization were filed on 09/12/2019 and assigned
document number 1.19000231026

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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 LLC HAS ELECTED TO DISSOLVE AND REORGANIZE AS A DELAWARE LLC

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: JOHN SATRIALE
19 COURT STREET, SUITE 202
WHITE PLAINS, NEW YORK 10601

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

JOHN SATRIALE

Printed Name