

L19000231026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

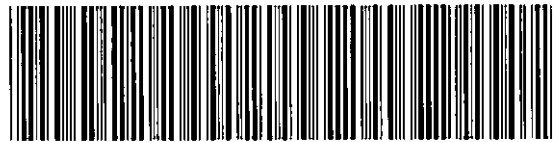
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

File 2<sup>st</sup>

Office Use Only



500338258735

FILED

2019 DEC 19 PM 1:20

CALIFORNIA SECRETARY OF STATE

2019 DEC 19 PM 3:20

CALIFORNIA SECRETARY OF STATE

K SALY

DEC 20 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  
CLERK OF THE COURT  
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 L19000231026

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).

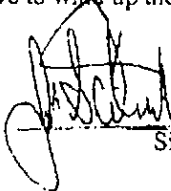
THE LLC HAS ELECTED TO DISSOLVE AND REORGANIZE AS A DELAWARE LLC

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