

**L72327**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6380

**From:**

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

**DISSOLUTION OR WITHDRAWAL  
AIRCRAFT SUPPORT AND SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

2024 OCT -2 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aircraft Support and Services, Inc.

**DOCUMENT NUMBER:** L72327

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

Please return all correspondence concerning this matter to the following:

Kamil Fadel

(Name of Contact Person)

(Firm/Company)

4906 Patch Road

(Address)

Orlando, Florida 32822

(City/State and Zip Code)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Kamil Fadel

(407) 381-1078

(Name of Contact Person)

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$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

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## 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: Aircraft Support and Services, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

October 2, 2024

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

Description of information that must be included in a claim:

1. Name of Claimant

2. Address of Claimant

3. Description of facts giving rise to Claim

4. Amount of Claim(s)

5. Claimant contact person and contact information

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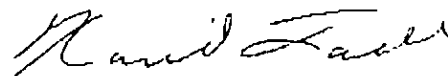
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

4906 Patch Road, Orlando, Florida 32822

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.

Kamil Fadel

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

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## 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:  
Aircraft Support and Services, Inc.
- SECOND: The document number of the corporation (if known): L72327
- THIRD: The date dissolution was authorized: October 1, 2024  
Effective date of dissolution if applicable: \_\_\_\_\_  
(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, the 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.

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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)

Kamil Fadel

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

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