(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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R. Windle

COVER LETTER

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TO: Amendment Section

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: ISMS FORUM AMERICA INC
DOCUMENT NUMBER: N14000011211
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARNALDO J ROBLES
(Name of Contact Person) ISMS FORUM AMERICA INC
(Firm/Company)
13306 SW 144 TE
MIAMI FL 33186
(City/State and Zip Code)
For further information concerning this matter, please call:
ARNALDO J ROBLES (Name of Contact Person) at (787) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status \$\Bigcup \\$60 Certificate of Status
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: ISMS FORUM AMERICA INC
SECOND:	The document number of the corporation (if known): N14000011211
THIRD:	The file date of the articles of incorporation: 11/16/2015
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)
	■ The dissolution was authorized by a majority of the directors: OR
	☐ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
a:	AM 6: 56 OF STATE FRORIDA
Signa	(By the shairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	ARNALDO J ROBLES
	(Typed or printed name of person signing)
	VIÇE PRESIDENT
	(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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ISMS FORUM AMERICA INC
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
13306 SW 144 TE
MIAMI FL 33186
•
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.
ARNALDO J ROBLES
Printed Name of the Person Filing Signature of the Person Filing

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: ISMS FORUM AME	ERICA INC
DOCUMENT NUMBER: N1400001	1211
The enclosed Articles of Dissolution and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
ARNALDO J ROBLES	
·	Contact Person)
ISMS FORUM AMERICA I	
13306 SW 144 TE	Company)
(Add	dress)
MIAMI FL 33186	
(City/State a	and Zip Code)
For further information concerning this matter,	nlease call:
ARNALDO J ROBLES	787 479-8001
(Name of Contact Person)	(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 & □ \$52.50 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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State: ISMS FORUM AMERICA INC The document number of the corporation (if known): N14000011211 SECOND: The file date of the articles of incorporation: $\frac{11/16/2015}{1}$ THIRD: The corporation has not commenced to conduct its affairs. FOURTH FIFTH: No debts of the corporation remains unpaid. Adoption of Dissolution (CHECK ONE) SIXTH: (Note: Cannot be authorized by an incorporator if the corporation has directors) ■ The dissolution was authorized by a majority of the directors: OR ☐ The dissolution was authorized by an incorporator.

SECRETARY OF STATE TALLAHASSEE FLORID

The dissolution was authorized by a majority of the incorporators.

Signature:__

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

ARNALDO J ROBLES

(Typed or printed name of person signing)

VICE PRESIDENT

(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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporati	ISMS FORUM AMERICA INC
Date of dissolution Articles of Dissolu	will be the date the dissolution is filed with the Department of State or as specified in the ation.
Description of info	rmation that must be included in a claim:
Mailing address w	here claims can be sent: (Claims cannot be sent to the Division of Corporations)
1	3306 SW 144 TE
	MAMI FL 33186
_	
	e above named corporation will be barred unless a proceeding to enforce the claim is commenced the filing of this notice.
ARNALDO	J ROBLES ()
	Printed Name of the Person Filing Signature of the Person Filing