

N15 000006148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

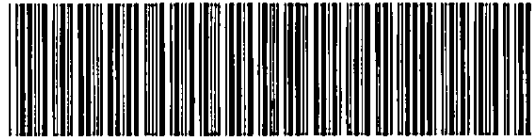
(Business Entity Name)

(Document Number)

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

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01/05/23--01005--009 \*\*35.00

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2023 JUN -5 PM 5:57  
STATE  
TALLAHASSEE, FL

g 3/14/2023

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Non PROFIT DISSOLUTION

**DOCUMENT NUMBER:** N15000006148

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

Please return all correspondence concerning this matter to the following:

CÉSAR MORALES

(Name of Contact Person)

SHIFT ST PETERS

(Firm/Company)

218 11<sup>TH</sup> AVE WORTH

(Address)

ST PETERSBURG FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

CESAR MORALES

(Name of Contact Person)

at (727)

(Area Code)

310 9173

(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

## 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:

SHIFT STRATE INC

**SECOND:** The document number of the corporation (if known): N1500000648

**THIRD:** The file date of the articles of incorporation: 6/18/2015

**FOURTH:** The corporation has not commenced to conduct its affairs.

**FIFTH:** No debts of the corporation remains unpaid.

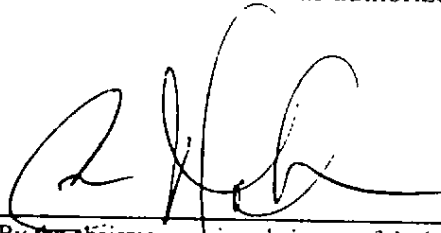
**SIXTH:** Adoption of Dissolution **(CHECK ONE)**

(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.

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)

CESAR MORALES

(Typed or printed name of person signing)

CHAIRMAN

(Title of person signing)

2023 JAN -5 PM 5:57  
FILED  
CLERK OF CIRCUIT COURT  
FLORIDA

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: SHIFT ST PETE 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.

31 DEC 22

Description of information that must be included in a claim:

- DATE

- LOCATION

- EVENT

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

PO BOX 2198  
ST PETERSBURG 33707

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.

CESAR MORALES

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