

P01000033491

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000132398 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : Florida Research & Filing Services, Inc.
Account Number : I20030000083
Phone : (850) 656-6446
Fax Number : (850) 942-6446

RECEIVED

06 MAY 12 AM 8:00

DIVISION OF CORPORATIONS

DISSOLUTION OR WITHDRAWAL

CARS ONE, CORP.

Certificate of Status	1
Certified Copy	0
Page Count	02 PA
Estimated Charge	\$43.75

06 MAY 12 PM 4:10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

* RESUBMITTING w/ CORRECTIONS

Volun. Diss.

05/12/06

Dc



May 12, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CARS ONE, CORP.
4265 EAST 11 AVE
BAY 5&6
HIALEAH, FL 33013

SUBJECT: CARS ONE, CORP.
REF: P01000033491

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

FAX Aud. #: H06000132398
Letter Number: 206A00033766

H06000132398

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARS ONE, CORP.

DOCUMENT NUMBER: P01000033491

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

Please return all correspondence concerning this matter to the following:

RAFAEL COMAS

(Name of Person)

CARS ONE, CORP.

(Name of Firm/Company)

4265 EAST 11 AVE

(Address)

FT. LAUDERDALE FL 33013

(City/State/and Zip Code)

For further information concerning this matter, please call:

Sal J. Graziano

(Name of Person)

at (954) 318-2788

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

H06000132398

H06000132398

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

CARS ONE, CORP.

SECOND: The document number of the corporation (if known): P01000033491

THIRD: The file date of the articles of incorporation was: 04/03/2001

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this _____ day of _____

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.)

RAFAEL COMAS

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

H06000132398

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 12 PM 4:10

SIGN
HERE