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COVER LETTER

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

TO: Amendment Section **Division of Corporations**

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NAME OF CORPORATION: Arto DP Inc.

DOCUMENT NUMBER: <u><u>P</u>01000087610</u>

Please return all correspondence concerning this matter to the following: Tim N. Scoggins Name of Contact Person Asto DP, Inc. Firm/Company 3730 N Blue Angel Plewy Address Pensacela FL 32526 City/State and Zip Code timemy life my degree.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Time N. Scoggins
 At (365) 985 8500

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S \$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404. Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

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FIRST:	The name of the corporation is: $A J O D P J_{\alpha \zeta}$		
SECOND:	The document number of the corporation (if known) is $\frac{201000087610}{1000087610}$		
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution		
	filed with the Florida Department of State is $\frac{g/3/2r_{1}g}{Note:}$ 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.		
FOURTH:	The Revocation of Dissolution was authorized on $\frac{S/3/2.0}{S}$.		
FIFTH:	Adoption of Revocation of Dissolution (check one)		
	 The board of directors revoked the dissolution. The incorporators revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization. The shareholders revoked the dissolution and the number of votes cast was sufficient for approval. The shareholders revoked the dissolution by voting groups - the number of votes cast by 		
SIXTH:	(Voting group) A copy of the Articles of Dissolution is attached. Signature $Accident + Chinamist He hands (Hy a director, president or other officer + if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) T_{im} = M_{im} S_{copy} i A S_{im}(Typed or printed name of person signing)ficindent + Chainamist He Boord of Directors (Title of person signing)$	FILED	

FILING FEE \$35



ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State: AUTODP, INC.

SECOND: The document number of the corporation: P01000087610

- THIRD: The date dissolution was authorized: August 2, 2018 Effective date of dissolution: August 3, 2018
- FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: TIM N. SCOGGINS

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PRESIDENT AND DIRECTOR (CHAIR)

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative



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.

Name of Corporation:

AUTODP, INC.

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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:

THE ONLY CREDITORS ARE THE MAJORITY SHAREHOLDER WHO REQUESTED DISSOLUTION OF AUTODP INC. AND THE FOUNDER & PRESIDENT, WHO BOTH AGREED TO DISSOLUTION UNDERSTANDING INSOLVENCY PREVENTS REPAYMENT OF AMOUNTS OWED TO EACH OF THEM.

Mailing address where claims can be sent:

JOHN TRAWICK, ATTORNEY; 5101 N. 12TH AVE. PENSACOLA, FL 32504

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: TIM N. SCOGGINS

Electronic Signature of the Person Filing