P02 0000 70527

(Requestor's Name)	-
(Address)	_
(Address)	-
(City/State/Zip/Phone #)	-
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:]
Q. SILAS	
HIPR 01 2022 28/22	
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02/01/22--01020--014 **52.50





RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE TALLAHASSEE, FL

March 14, 2022

ORLANDO ACEVEDO 5953 LAKE MELROSE DR. ORLANDO, FL 32829

SUBJECT: ORLANDO ACEVEDO TOURS INC. Ref. Number: P02000070527

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.1407 or 617.1047, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

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) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 622A00006053

		<u>(</u>	<u>COVER LE</u>	TTER		
TO:	Amendme Division c	ent Section of Corporations		L	1 n 2 2	
SUBJ	ECT:	Dissalutio	n0F(<u>a Corporo</u>	A10n	

DOCUMENT NUMBER: _

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

Please return all correspondence concerning this matter to the following:

Orlando Acevedo
(Name of Contact Person)
Orlando Acevido Tours, Inc
(Firm/Company)
5953 Lake Melrose Dr.
(Address)
Colando, Fl. 32529
(City/State and Zip Code)

For further information concerning this matter, please call:

at (407 - 257 - 0192 - 9:00 am + 6 + 4:00)(Area Code) (Daytime Telephone Number) rlande (Name of Contact Person)

Enclosed is a check for the following amount:

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status

 \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) 2 S52.50 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

FILED

ARTICLES OF DISSOLUTION

2022 MAR 28 PM 4: 48

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: TALLAHASSEE, FL

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

Orlando Acevedo Yours Inc.

The document number of the corporation (if known): PO200007057.7 SECOND:

The date dissolution was authorized: <u>01-01-22</u> THRD:

Effective date of dissolution <u>if applicable</u>: 01-01-22

(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, this date will not be listed as the document's effective date on the Department of State's records.

Dissolution was approved by the shareholders, in the manner required by this chapter and FOURTH: the articles of incorporation.

Signature:

+Hicer - if directors or officers have not been selected, by (By a directo/president or oth an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Orlando Acevedo (Typed or printed name of person signing)

President

Filing Fee: \$35