## P03000105338

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Otate/Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE

FILED

## **COVER LETTER**

TO: Amendme Division of	ent Section of Corporations	•	t t
SUBJECT: Disso	lution of Lofton Charters, Inc		
DOCUMENT NU	MBER: P03000105338		
The enclosed Artic	cles of Dissolution and for	ee are submitted for filing	<b>.</b>
Please return all co	rrespondence concerning	g this matter to the follow	ing:
Matthew Lofton			
	(Name of	Contact Person)	
	(2)	10	<del></del>
	(Fim	n/Company)	
15881 SW 254 St			
	(A	ddress)	
Homestead FL 33031			
	(City/Sta	te and Zip Code)	
For further informa	ation concerning this ma	tter, please call:	
Matthew Lofton		at ( 305 ) 345	-1756
(Name o	of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check	k for the following amou	nt:	
■ \$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 Addre Amendment Sec		Street Addre Amendment	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

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

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

FIRST:

Lofton Chartes, Inc

SECOND:	The document number of the corporation (if known):			
THIRD:	The file date of the articles of incorporation:  9/25/2003		_	
FOURTH:	None of the corporation's shares have been issued.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been to the shareholders, if shares were issued.	distri	buted	i
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.			
Sign	nature: Mass	. S &	3	
2.5	(By a director, president or other officer - if directors or officers have not been selected, by an inequinity in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		if in the second	T)
	Matthew Lofton		_	,m
	(Typed or printed name of person signing)	- : <i>/</i> ) - ://	A	
	PDST	<b>新聞</b>	25	
	(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. 607.1407, F.S.

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

Name of Corporation:	
The above named corporation is the subject of dissolution and the effective dat	e of a dissolution is: 12/31/2023
(date filed with the Dept. if date specified in the Articles of	Dissolution)
Description of information that must be included in a claim:	
Mailing address where written claims can be sent: (Claims cannot be sent to the	e Division of Corporation
5881 SW 254 St. Homestead FL 33031	CRET JAN
	7. A.
	13.
claim against the above named corporation will be barred unless a proceeding within 4 years after the filing of this notice.	g to enforce the claim is commen
	11
Matthew Lofton	
Printed Name of the Person Filing Sis	enature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00