

P 04000021193

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : NEIMAN & INTERIAN, PLLC
Account Number : I20180000010
Phone : (305)530-9400
Fax Number : (305)530-9409

DISSOLUTION OR WITHDRAWAL
J H B F CORP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$52.50

2024 JAN 24 AM 9:39

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J H B F CORP

DOCUMENT NUMBER: P04000021193

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

Please return all correspondence concerning this matter to the following:

ALBERTO INTERIAN, ESQ.

(Name of Contact Person)

NEIMAN & INTERIAN, PLLC

(Firm/Company)

2020 PONCE DE LEON BOULEVARD, SUITE 1005B

(Address)

CORAL GABLES, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERTO INTERIAN

(Name of Contact Person)

305-530-9400

at (

(Area Code) (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

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ARTICLES OF DISSOLUTION

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

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

J H B F CORP

SECOND: The document number of the corporation (if known): P04000021193

THIRD: The date dissolution was authorized: January 23, 2024

Effective date of dissolution if applicable:

(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.

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

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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)

JUAN HUMBERTO BELLO

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

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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: J H B F CORP

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Detailed description of claim together with proof of claim.

2024 JAN 24 AM 10:39

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

Trust Company Complex

Ajeltake Road, Ajeltake Island, Majuro

Marshall Islands, MH 96960

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.

JUAN HUMBERTO BELLO

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

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