

905000043234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

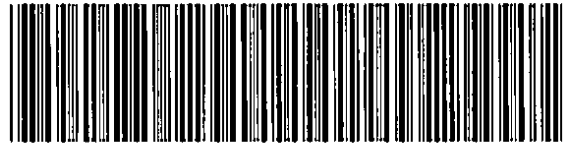
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 JAN -4 AM 9:32
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TALLAHASSEE, FL

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2022 JAN -4 PM 3:50
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TALLAHASSEE, FL

Y SULKER

JAN 05 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 360965 7490672
AUTHORIZATION : *Lyndee Coleman*
COST LIMIT : \$ 35.00

ORDER DATE : January 4, 2022
ORDER TIME : 2:54 PM
ORDER NO. : 360965-015
CUSTOMER NO: 7490672

DOMESTIC FILINGS

NAME: FATON, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FATON, INC.

DOCUMENT NUMBER: P05000043234

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

Please return all correspondence concerning this matter to the following:

Alex Nelsas

(Name of Contact Person)

(Firm/Company)

3301 N. University Drive, Suite 100

(Address)

Coral Springs, FL 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Nelsas

(Name of Contact Person)

at (954)
(Area Code)

757-2525

(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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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

SECOND: The document number of the corporation (if known): P05000043234

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

_____. The number of votes cast by the members was sufficient for approval.

with ☒ The resolution was adopted by written consent of the members and executed in accordance
section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for resolution was _____ for
and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 12/23/2021
(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.

Signature: Michael Koshan
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Michael Koshan

(Typed or printed name of person signing)

CFO

(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. 617.1407, F.S.

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

Name of Corporation: FATON, INC.

*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:

Nature of claim, copy of contract, amount of the claim, desired resolution.

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

3301 North University Drive, Suite 100, Coral Springs Florida 33065

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.

Michael Koshan

Printed Name of the Person Filing

DocuSigned by:
Michael Koshan
8C0E0EC18700403

Signature of the Person Filing

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