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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE TO STATE TALLAHASSEE. FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Divebox Cargo	Services Inc
DOCUMENT NUMBER: POROOO	FEEF8C
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Katia Guerrero	
(Name of Contact	·
Divelox Cargo Ser	vices Inc
8567 Coraluny (Address)	# 222
Miami Florida 3 (City/State and Z	3155 US
For further information concerning this matter, plea	se call:
Water of Contact Person) at a	(786) 619-4766 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate	75 Filing Fee & Status & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
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Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to a articles of di	section 607.1401, Florida Statutes, this Florida profit corporation submits the following issolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  Divebox Cargo Services Inc
SECOND:	The document number of the corporation (if known): POTOOOS 733-
THIRD:	The file date of the articles of incorporation: $08-02-2007$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: X  (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.)  (Typed or printed name 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:

Diversory Services 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:

Dissolution of Diversory # 222 Vigm: F1 33155

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

Miami Fl 33155

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.

Printed Name of the Person Filing

X

Hyden

Signature of the Person Filing

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