

PO7000135330

(Requestor's Name)

LATINOTAX SERVICES INC
14723 CAPOTE LN
ORLANDO, FL 32828

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

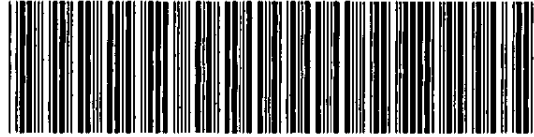
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/08/08--01018--005 **35.00

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2008 NOV 13 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution w/ Notice

TB 11-17-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P07000135330

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

Please return all correspondence concerning this matter to the following:

Rafael Pacheco

(Name of Contact Person)

LATINOTAX SERVICES INC

(Firm/Company)

948 South Semoran Blvd. Suit. 104.

(Address)

Orlando FL - 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

Rafael Pacheco

(Name of Contact Person)

at (401) 359-0368

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2008

LATINOTAX SERVICES INC
14723 CAPOTE LN
ORLANDO, FL 32828

SUBJECT: LATINOTAX SERVICES, INC
Ref. Number: P07000135330

We have received your document for LATINOTAX SERVICES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes:

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 008A00046146

*If you have any question please call me
at: 401-359-2368*

[Handwritten signature]
TALLAHASSEE, FLORIDA
2008 NOV 13 AM 9:00
Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

Latin TAX SERVICES, Inc

SECOND: The document number of the corporation (if known): P0700135330

THIRD: The file date of the articles of incorporation: _____

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.

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.)

Rafael Pacheco

(Typed or printed name of person signing)

President

(Title of Person Signing)

FILED
2008 NOV 13 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: LatinoTax 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:

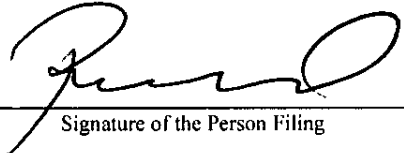
Articles of Dissolution.

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

Po Box. 207
Central falls -
Rhode Island
02863

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.

Rafael Padua
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