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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**DISSOLUTION OR WITHDRAWAL  
ADN EXPRESS, INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

2018 JUN -1 A 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 04 2019  
T. LEMIEUX

*Diss Notice*

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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:
ADN EXPRESS, INC

SECOND: The document number of the corporation (if known): POS000001865

THIRD: The date dissolution was authorized: 05/30/2018

Effective date of dissolution if applicable: 05/30/2018

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: Adoption of Dissolution (CHECK ONE)

[X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

[ ] Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval

(voting group)
Signature: [Handwritten 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)

ALFONSO DEL NODAL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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PALM BEACH COUNTY, FLORIDA

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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: ADN EXPRESS 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:

Five horizontal lines for describing information included in a claim.

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

Four horizontal lines for mailing address.

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.

ALFONSO DEL NODAL

Printed Name of the Person Filing

Handwritten signature of Alfonso Del Nodal

Signature of the Person Filing

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

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