(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
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(Document Number)
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Office Use Only



600404126496

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Netrade Corporation		
DOCUMENT NUMBER: P08000098757		
The enclosed Articles of Dissolution and f	ee are submitted for filing	
Please return all correspondence concerning	g this matter to the followi	ng:
Luis R Yllanes		
(Name of	Contact Person)	. ~
Netrade Corporation		2023 MAR 1 3
(Fin	n/Company)	AR I
8456 SW 113 Pl		
(A	ddress)	
Miami, Florida 33173		=== ===================================
(City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
Luis R Yllanes	at (<u>305) 281-5663</u>	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	ınt:	
■ \$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	Amen Divis The C	t Address: Idment Section Idmon of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Netrade Corporation
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: May 11, 2022
	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 as is 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.
	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)
	Luis R Yllanes
	(Typed or printed name of person signing)
	Vice President
	(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. 607.1407, F.S.

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

Annual Control of the

Name of Corporation:			
The above named corporation is the subject of dissolution and the effective date of a dissolution is: May 11, 2022			
(date filed with the Dept. if date s	pecified in the Articles of Dissolution)		
Description of information that must be included in a claim:			
	200		
	2023 HAI		
	ラ		
	Sign B M		
8456 SW 113 Pl Miami, Florida 33173			
A claim against the above named corporation will be barred within 4 years after the filing of this notice.	I unless a proceeding to enforce the claim is commenced		
Luis R Yllanes			
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