

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000279612 3)))



H180002796123ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
ATLAS FUELING CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

18 SEP 25 PM 3:57

SECRETARY OF
TALLAHASSEE

S TALLENT
SEP 26 2018

Electronic Filing Menu

Corporate Filing Menu

Help

VLD

H18000279612

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:

Atlas Fueling Corp

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

P09000032694

THIRD: The date dissolution was authorized:

9/25/18

Effective date of dissolution if applicable:

9/25/18

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ 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 by

(voting group)

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)

Efren Quintero
(Typed or printed name of person signing)

(P)
(Title of person signing)

Filing Fee: \$35

H18000279612

FILED
18 SEP 25 AM 12:00
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA