

PD9000052956

(Requestor's Name)

(Address)

(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



400276842384

09/14/15--01016--015 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 SEP 14 AM 10:42

Ant Diss / w  
notice

SEP 17 2015

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Ariba Relocation Inc.

**DOCUMENT NUMBER:** P09000052956

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

Please return all correspondence concerning this matter to the following:

Tonya Copas

(Name of Contact Person)

Ariba Relocation Inc.

(Firm/Company)

7950 NW 53RD ST., 337

(Address)

MIAMI, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Tonya Copas

at (305) 434-2821

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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:  
Activa Relocation/Inc.

SECOND: The document number of the corporation (if known): P09000052956

THIRD: The date dissolution was authorized: 08/26/2015

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, 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)

☐ 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

commonstockvoting group

(voting group)

Signature: Tonya Copas

(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)

TonyaCopas

(Typed or printed name of person signing)

President

(Title of person signing)

FILED  
STATE  
SECRETARY OF  
DIVISION OF CORPORATE REGISTRATION  
2015 SEP 14 AM 10:42

**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: Activa Relocation 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:

The claim must contain: (1) the name, address and telephone number of the claimant; (2) the amount of the claim;  
(3) the basis for the claim; and (4) documentation of the claim.

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

7950NW 53RD ST

337

MIAMI, FL 33166

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.

Tonya Copas

Printed Name of the Person Filing

Tonya Copas  
Signature of the Person Filing

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