P1000011219

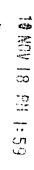
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne) .
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100187852521

11/19/10--01024--014 **43.75





ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The state of participation of participat			
	ATG TRAVEL INC			
SECOND:	The document number of the corporation (if known): P10000071219			
THIRD:	The file date of the articles of incorporation: 08/30/2010			
FÓURTH:	(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.			
Sign	(By a director, presidence of other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	- if		
	ALEX PASTRANA			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of Person Signing)			

Filing Fee: \$35

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Dissolution of ATG TR	AVEL, INC.		
DOCUMENT NUMBER: P1000007	1219		_
The enclosed Articles of Dissolution and fe	e are submitted for f	iling.	
Please return all correspondence concerning	this matter to the fol	lowing:	
ALEX PASTRANA		· · · · · · · · · · · · · · · · · · ·	
(Name of C	Contact Person)		25
ATG TRAVEL INC		•	<u>=</u>
(Firm	n/Company)		- 17
8409 MEER WAY, APT 104		: : :	; ; 5
(Ac	ddress)		البيان الا
KISSIMMEE FL 34747			
(City/Stat	te and Zip Code)	***************************************	-
For further information concerning this mat	ter, please call:		
ALEX PASTRANA	at (_787)	550-1725	
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Nu	mber)
Enclosed is a check for the following amount	nt:		
\$35 Filing Fee \$\square \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status &	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	A D C	CREET ADDRESS: mendment Section ivision of Corporations lifton Building 661 Executive Center Circle	:

Tallahassee, FL 32301