DIADDD 32050

(Re	equestor's Name)	····
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL .
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Wheels 4 Less 1, Inc
DOCUMENT NUMBER: P 12 000032050
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jonathan Venturini (Name of Contact Person)
Wheels 4 Less 1, Inc (Firm/Company)
11403 NW 89 ST apt 204 (Address)
Donal, FL 33/78 (City/State and Zip Code)
For further information concerning this matter, please call:
Jonathan Venturini at (786) 370-995/ (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (Additional copy is enclosed)}\$\$ Certified Copy (Additional copy is enclosed)\$\$ enclosed)\$\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	Wheels 4 Less I, Inc	
SECOND:	The document number of the corporation (if known): P12000032050	
THIRD:	The file date of the articles of incorporation: 4312	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	I S AP
	The corporation has not commenced business.	x -9
FIFTH:	No debt of the corporation remains unpaid.	T.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	11:24
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, president or 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
	Jonathan Venturini (Typed or printed name of person signing)	
	Tesident (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. Name of Corporation: 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: scription o Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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