P13000014002

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/21p/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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(RM 1-27-15

COVE	R LETTER SO TO
TO: Amendment Section	
Division of Corporations	
, Division of Corporations	
SUBJECT: Haticles of Dis	
document number: P130 00	0 14002
The enclosed Articles of Dissolution and fee a	
Please return all correspondence concerning th	is matter to the following:
1	
MARIA ESTRADA	
(Name of Cor	itact Person)
Accupate Wholesale	+ Services Corp.
(Firm/C	ompany)
13992 5W. 139th	af.
(Addre	
V	· · · /
Hioni JL. 331. (City/State a	nd Zip Code)
For further information concerning this matter,	please can:
. 1 2 .	
MARIA ESTRADA	at (<u>786)</u> 897-2680
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
■\$35 Filing Fee ■\$43.75 Filing Fee & ■	\$43.75 Filing Fee & 🔲 \$52.50 Filing Fee,
Certificate of Status C	Certified Copy Certificate of Status &
	Additional copy is Certified Copy
	enclosed) (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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:
	Acquerte Wholosale - Services Corp.
SECOND:	The document number of the corporation (if known): P130000 14002
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: /2/3//4 (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
	Maria Estanda 110
	(voting group)
	and the last
	(By a firector, 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)
	MARIA Estrada
	(Typed or printed name of person signing) President
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

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: Acquerte Wholesake & Services Coep.
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:
Dissolution due to pusue of New Business Oppose Justy.
<u>'' </u>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
13992 SW. 139 th.CT. Hismi Sh. 33/86
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
D. El 1 Man
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

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000014002

Entity Name: ACCURATE WHOLESALE & SERVICES CORP.

Current Principal Place of Business:

13992 SW 139TH CT MIAMI, FL 33186

Current Mailing Address:

13992 SW 139TH CT MIAMI, FL 33186 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

FILED Feb 10, 2014

Secretary of State

CC5776123416

Name and Address of Current Registered Agent:

13992 SW 139TH CT MIAMI, FL 33186 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

Name

ESTRADA, MARIA

Address

13992 SW 139TH CT

City-State-Zip MIAMI FL 33186

I hereby dentry that the information thancased on this report or supplimental report to true and appropriate and that my electronic supplicing shall have the same legal effect as minade whose paint that I am an officer or officially of the corporation or the receiver of trustee empowered to execute this report as required by Chepter 607, Floring Statutes, and that my name appears agone or on an attainment with all other live espokered.

SIGNATURE: MARIA ESTRADA

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02/10/2014