P14000013375

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Dissolution of Florida Profit Corpora SUBJECT:	tion - Ariel Management Services Corporation	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	Marshall Randall	
(Name of C	Contact Person)	
Ariel Ma	anagement Services Corporation	
(Firm.	/Company)	
`	PO Box 361101	
(Ad	dress)	
,	elbourne, Florida 32936	
(City/State	e and Zip Code)	
For further information concerning this matte	er, please call:	
Marshall Randall	(321) 549-5014	
	at (
(Name of Contact Person)	(Area Code) (Daytime Telep	hone Number)
Enclosed is a check for the following amoun	t:	
■ \$35 Filing Fee	2 \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporati Clifton Building 2661 Executive Center	

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: Ariel Management Services Corporation				
	P14000013375 The document number of the corporation (if known): 12/31/2016				
SECOND:					
THIRD:	The date dissolution was authorized:				
	03/31/2017 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:				
	(voting group)				
	Signature: Signature: Signature:				
	(By a director, present 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, that fiduciary				
	Ruth Randall				
	(Typed or printed name of person signing)				
	CEO				
	(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. Ariel Management Services Corporation 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: Name and address of claimant Amount of claim Date of transaction(s) All supporting documentation including invoices, statements, and proof of delivery. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) PO Box 361101 Melbourne, Florida 32936 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. Ruth Randall Printed Name of the Person Filing