PH000033208

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busir	ness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to File	ing Officer:	
,		

Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: DISSO/UTION OF A CORPORATION
DOCUMENT NUMBER: P 140000 33208
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MODES TO CARDON 57 (Name of Contact Person)
CARPONET INC.
(Firm/Company) -G(C) S (1) Hth Staff
(Address)
MiAMI, F/ 33144
(City/State and Zip Code)
For further information concerning this matter, please call:
Modesto Carea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section
Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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	e:
	CARDONET INC.	
SECOND:	The document number of the corporation (if known): P14000033	320
THIRD:	The file date of the articles of incorporation: $04/07/2014$	第二
FOURTH:	(CHECK AT LEAST ONE BOX)	23
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	میر میر سیا
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, president or other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	_ r - iſ
	MODES DARDONET (Typed or printed name of person signing)	
	PRESIDENT (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. ARDONET 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: 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.