P150000003451

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

Office Use Only



300310751503

03/22/18--01002--020 **25.00 04/16/18--01003--003 **10.00

DIBAPR 13 FR 3: 17

ANT DISS Whatica

APR 1 6 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: FIBER OPTIC SPECIALIST NC.
DOCUMENT NUMBER: P15000003451
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PHILLIP B SAULS (Name of Contact Person)
1
FIBER OPTIC SPECIALIST NC. (Firm/Company)
1047 McCULLY CT
(Address)
OVIEDO FL 32765
(City/State and Zip Code)
For further information concerning this matter, please call:
PHIL SAULS at (407) 757 3472 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee Certificate of Status □\$43.75 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2018

PHILLPS B. SAULS FIBER OPTIC SPECIALIST, INC. 1047 MCCULLY CT OVIEDO, FL 32765

SUBJECT: FIBER OPTIC SPECIALIST, INC.

Ref. Number: P15000003651

We have received your document for FIBER OPTIC SPECIALIST, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

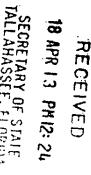
There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 118A00005965



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: FIBER OPTIC SPECIALIST, NC.	
SECOND:	FIBER OPTIC SPECIALIST, NC. The document number of the corporation (if known): P 1500000 3651	
THIRD:	The file date of the articles of incorporation: $01/12/15$	
FOURTH:	(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)	
	Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	A majority of the directors authorized the dissolution.	7
Sign	ature: (By a director, 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.)	-
	PHIL SAULS (Typed or printed name of person signing)	
	PRFSDENT (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: FIBER OPTIC SPECIALIST 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 OF COMPANY AMOUNT OF CLAIM REPSON FOR CLAIM Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 938 KEN WOOD CIR OVIEDO_FL 32765 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