

P15000026333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

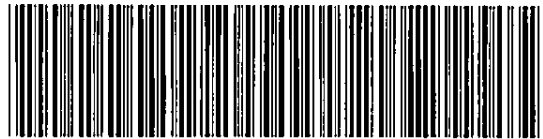
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
MAY - 9 2024

Office Use Only



500428389175

04/26/24--01024--020 \*\*35.00

FILED  
2024 APR 26 AM 11:29  
JUL 10 10:34 AM



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**Section 607.1401, Florida Statutes, provides for the dissolution of a corporation that has not issued shares or commenced business.**

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

**NOTE:** A **Notice of Corporate Dissolution** form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

**FEES:**

Articles of Dissolution	\$ 35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

For further information, you may contact the Amendment Section at (850) 245-6050.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INCOCAR CORP  
\_\_\_\_\_

**DOCUMENT NUMBER:** P15000026333  
\_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE CARRION POMA  
\_\_\_\_\_

(Name of Contact Person)

INCOCAR CORP  
\_\_\_\_\_

(Firm/Company)

16025 ST CLAIR ST  
\_\_\_\_\_

(Address)

CLERMONT FL 34714  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

*Jose V. Carrion Poma*  
\_\_\_\_\_

(Name of Contact Person)

at ( 593 99 ) 3027347  
\_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

FILED  
2024 APR 26 AM 11:29  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

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:  
INCOCAR CORP
- SECOND: The document number of the corporation (if known): P15000026333
- THIRD: The file date of the articles of incorporation: 03/19/2015
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

Signature: \_\_\_\_\_  
(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.)

JOSE CARRION POMA

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

**Filing Fee: \$35**