P15000 28022

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP		MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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The SECRETARY OF STATE SECRETARY OF STATE 19 OCT 25 AM II: 39

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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: _____

DOCUMENT NUMBER: P15000028022

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

Please return all correspondence concerning this matter to the following:

EDGAI	R H SILVA	
(Name of	Contact Person)	-
XERVICE XPRESS CORP.		
(Firm	n/Company)	-
2760 N ORANGE BLOSSOM TR		
(A	ddress)	-
KISSIMMEE FLORIDA 34744		<u>ن</u> بر <u>ج</u> م
(City/Sta	te and Zip Code)	
For further information concerning this ma	tter, please call:	T 25
EDGAR H SILVA	407 \$70-7817 at ()	ANTI:
(Name of Contact Person)	(Area Code & Daytime Telephone Nu	unter)
Enclosed is a check for the following amou	unt:	03
¥ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	 \$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) 	&
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	e

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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FIRST:	The name of the corporation as currently filed with the Florida Department of State: XERVICE XPRESS CORP.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation:		
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.	13	
SEVENTH	: Adoption of Dissolution (CHECK ONE)	001	
	A majority of the incorporators authorized the dissolution.	25	UN UN
	A majority of the directors authorized the dissolution.	LH II: 39	E STATE E ORATIUNS
Sigi	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	îf	-
	EDGAR H SILVA		
	(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.

Name of Corporation: _____XERVICE XPRESS CORP.

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:

NONE

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) NONE		EN PUELO EN PUELO La
	25 MM II: 39	Y OF STATE
	<u> </u>	

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is continenced within 4 years after the filing of this notice.

EDGAR H SILVA

Printed Name of the Person Filing

Signa the Person Fili

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00