FILED
Jul 06, 2021
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

FLATIRON DATA, INC.

SECOND: The document number of the corporation: P16000068864

THIRD: The file date of the articles of incorporation: August 5, 2016

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.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ANTHONY OLIVA OWNER

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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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.

Name of Corporation:

FLATIRON DATA, 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:

I CLOSED MY COMPANY ON NOVEMBER 30TH, 2020 DUE TO LACK OF BUSINESS AND HEALTH CONCERNS. PLEASE LET ME KNOW IF I NEED TO DO ANYTHING ELSE REGARDING THE DISSOLUTION OF THIS CORPORATION OR ANYTHING HAVING TO DO WITH THE ANNUAL REPORT FOR 2021.

Mailing address where claims can be sent:

2865 WEST 6TH ST.
FERNANDINA BEACH, FL 32034

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ANTHONY OLIVA

Electronic Signature of the Person Filing