

P16000084018

(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:

called JoAnne, paralegal to R. Cipparene confirmed to check 2nd Box for the Adoption of Dissolution on 11/17/16.

SS

Office Use Only



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11/15/16--01013--006 \*\*35.00

S. TALLENT

NOV 17 2016

FILED  
16 NOV 14 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V/D



November 8, 2016

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

Re: Strada Services, Inc. and Del-Air Electrical Services, Inc.

Dear Sir/Madam:

I enclose herewith a cover letter and Articles of Dissolution related to Strada Services, Inc., along with a cover letter and Articles of Amendment to Articles of Incorporation related to Del-Air Electrical Services, Inc. Also enclosed please find our firm checks payable to the Florida Department of State in the amount of \$35.00 each, tendered as the requisite filing fees for the above.

Please process the Strada Services, Inc. dissolution and thereafter proceed with the amendment to Del-Air Electrical Services, Inc.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,



Ryan Cipparone

RC/jmb  
Enclosures  
cc: Client (via Email)

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Strada Services Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P16000084018  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Ryan Cipparone, Esquire  
\_\_\_\_\_

(Name of Contact Person)

Cipparone & Cipparone, P.A.  
\_\_\_\_\_

(Firm/Company)

1525 International Parkway, Suite 1071  
\_\_\_\_\_

(Address)

Lake Mary, Florida 32746  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Cipparone  
\_\_\_\_\_

(Name of Contact Person)

at (321) 275-5914  
\_\_\_\_\_

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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:

Strada Services, Inc.

SECOND: The document number of the corporation (if known): P16000084018

THIRD: The file date of the articles of incorporation: October 17, 2016

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)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the 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.)

Joseph Strada

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 NOV 14 PM 4:29

FILED