Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000078892 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEMOS GLOBAL GROUP, INC.

Account Number : I20230000113 Phone : (305)670-0979 Fax Number : (954)206-6880

## DISSOLUTION OR WITHDRAWAL COMATRADE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	
SUBJECT: COMATRADE CORP.	
DOCUMENT NUMBER: P17000022785	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernir	20
MICHELLE WILLIAMNS	828
(Name of	Contact Person)
DEMOS GLOBAL GROUP, INC.	<u> </u>
(Fir	m/Company)
8950 SW 74 CT SUFFE 1406	
4,)	(ddress)
MIAMI, FL 33156	
(City/Str	tte and Zip Code)
For further information concerning this ma	uter, please call:
MICHELLE WILLIAMS	305 - 670 - 0979 MON TO FRI 9,30AM TO 4,00PM at (
(Name of Contact Person)	at (at (
Enclosed is a check for the following amou	uat:
□ S35 Filing Fee □ S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  Captified Copy (Additional copy is enclosed)  Captificate 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECOND: The document number of the corporation (if known):  The date dissolution was authorized:  Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date).  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date. This of be listed as the document's effective date on the Department of State's records.  FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.  Signature:  (Hy a director, president or other afficer - 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)  DAVID VALLS CALVO  (Typed or printed name of person signing)  PRESIDENT  (Title of person signing)	FIRST:	The name of the corporation as currently filed with the Florida Departmen COMATRADE CORP.	t of State:	2024
THIRD: The date dissolution was authorized:  Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.  Signature:  (By a director, president or other afficer—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  DAVID VALLS CALVO  (Typed or printed name of person signing)	SECOND:	The document number of the corporation (if known):	- 13 · · · · · · · · · · · · · · · · · ·	FEB 28
Noise: If the date inserted in this block does not meet the applicable statutory filing requirements, this date. Will not be listed as the document's effective date on the Department of State's records.  FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.  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)  DAVID VALLS CALVO  (Typed or printed name of person signing)	THIRD:	The date dissolution was authorized: FEBRUARY 21, 2024	- 55 - - 55 -	
Noise: If the date inserted in this block does not meet the applicable statutory filing requirements, this date. Will not be listed as the document's effective date on the Department of State's records.  FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.  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)  DAVID VALLS CALVO  (Typed or printed name of person signing)	•	Effective date of dissolution if applicable;		5
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)  DAVID VALLS CALVO  (Typed or printed name of person signing)		Note: If the date inserted in this block does not meet the applicable statutory filing requir	ion file (1212) roments, this	. 0
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(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)  DAVID VALLS CALVO  (Typed or printed name of person signing)  PRESIDENT		· ,		
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(Typed or printed name of person signing) PRESIDENT	· ·	(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, b		
PRESIDENT		DAVID VALLS CALVO		
	•	(Typed or printed name of person signing)	<u>-</u>	<del></del>
(Title of person signing)		PRESIDENT		
		(Title of person signing)		<del></del>

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:	
The above named corporation is the subject of dissolution and the ef	fective date of a dissolution is:
	fective date of a dissolution is:
(date filed with the Dept. if date specified in the	he Arucles of Dissalution)
Description of information that must be included in a claim:	AHA
PLEASE ADDRESS ANY CLAIM TO MR. DAVID VALLS CALVO AT	F: PO BOX 560668, MIAMI, FL 33256
	<del>- 『でして</del> でも
Mailing address where written claims can be sent: (Claims cannot be	sent to the Division of Corporations)
•	
	•
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.	proceeding to enforce the claim is commenced
DAVID VALLS CALVO	- tolling
Printed Name of the Person Filing	Signature of the Person Filing

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