

P17000059431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

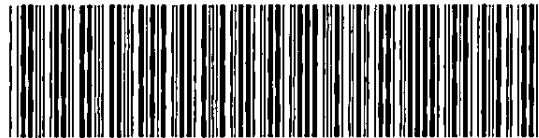
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/02/24--01012--021 **52.50

CLU
2024-03-08 AM 6:39
OFFICE OF STATE
SECRETARY, FL.

R. HUNT
03/08/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution for Ciolan Inc.

DOCUMENT NUMBER: P17000059431

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

Please return all correspondence concerning this matter to the following:

Peter Salitore

(Name of Contact Person)

Ciolan Inc.

(Firm/Company)

160 Desoto Parkway

(Address)

Satellite Beach, FL 32937

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Salitore

321-831-7446

at (

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 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
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:

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

SECOND: The document number of the corporation (if known): PI7000059431

THIRD: The date dissolution was authorized: March 4, 2024

Effective date of dissolution if applicable: March 7, 2024

(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: Peter Salitore

(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)

Peter Salitore

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
IN
FLORIDA
DEPARTMENT OF STATE
2024 MAR -8 AM 6:39
TALLAHASSEE

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: Ciolan Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

March 7, 2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

No longer have a need for Ciolan Inc.

RECEIVED
MAR 13 - 8 AM 6:39
STATE
INVESTMENT
FL

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

160 Desoto Parkway, Satellite Beach, FL 32937

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.

Peter Salitore

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