

PIB0000021547

(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:

Office Use Only



800329350438

19 JUN 14 PM 3:26
RECEIVED
STATE

19 JUN 13 AM 9:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2019

T SCHROEDER

TS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 6/14/2019

PRIORITY Routine

OUR REF.# (Order ID#) 749628

ORDER ENTITY

FLORIDA VIKING CORPORATION

PLEASE PERFORM THE FOLLOWING SERVICES:

FLORIDA VIKING CORPORATION (FL)

File the attached dissolution document and provide a certified copy as evidence.

NOTES:

\$43.75 Authorized - Please honor the original submission date as the file date.

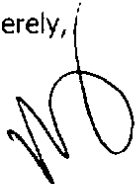
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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:

Florida Viking Corporation

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

P18000021547

THIRD: The date dissolution was authorized:

04/25/2018

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: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

_____ (voting group)

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)

Peter Wittich

_____ (Typed or printed name of person signing)

Sole Director

_____ (Title of person signing)

FILED
19 JUN 18 AM 9:15
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: Florida Viking Corporation

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:

The names, addresses, and telephone numbers of the claimant(s) or their attorneys, if any; a reasonably detailed description of the claim, including, without limitation, the basis of the claim, the amount of the claim, and the date on which the claim accrued; if the claim is based on written document(s), a copy of the material part of such document(s).

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

Peter Wittich

1041 SE 17th Street, Suite 300

Fort Lauderdale, NY 33316

FILED
19 JUN 18 AM 9:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 Wittich

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