## P18000029602

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SECRETARY OF STATE

## COVER LETTER -

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** ATLANTIC VISTA MANAGEMENT GROUP INC SUBJECT: Address: 16445 Collins Ave, #726, Sunny Isles Beach, FL 33160 P18000029602 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DUITA P ARIFIN CPA (Name of Contact Person) JILLEBA & LIBOCK CPAS LLC (Firm/Company) 349 KINDERKAMACK ROAD (Address) WESTWOOD, NJ 076765 (City/State and Zip Code) For further information concerning this matter, please call: **DUITA P ARIFIN CPA** (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) Mailing Address: **Street Address: Amendment Section** Amendment Section **Division of Corporations Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

CID CT.

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  ATLANTIC VISTA MANAGEMENT GROUP INC
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: 4/03/2018
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 to the shareholders, if shares were issued.
SEVENTH	: A majority of the incorporators or directors authorized the dissolution.
Sign	nature: X My 8V MW  (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.)
	SANFORD PLOTKIN
	(Typed or printed name of person signing)
	REGISTERED AGENT, PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35