

P180000 48193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

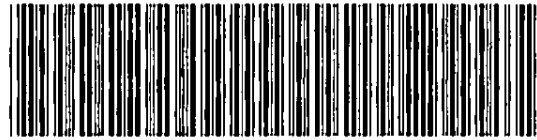
(Document Number)

Certified Copies _____ Certificates of Status _____

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01/31/20--01007--010 **35.00

2020 MAR -9 PM 6:00

C. GOLDEN

MAR - 9 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: XPLUS INTERNATIONAL, INC

DOCUMENT NUMBER: P18000048193

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

Please return all correspondence concerning this matter to the following:

GUILLERMO MARTINEZ

(Name of Contact Person)

GUILLERMO MARTINEZ & ASSOCIATES, CPA, PLLC

(Firm/Company)

10661 NORTH KENDALL DRIVE SUITE 206A

(Address)

MIAMI, FLORIDA 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

GUILLERMO MARTINEZ

(Name of Contact Person)

786-429-0827

at (

(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



RECEIVED

2020 MAR -9 AM 11:38

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2020

GUILLERMO MARTINEZ
10661 NORTH KENDALL DRIVE
SUITE 206A
MIAMI, FL 33176

SUBJECT: XPLUS INTERNATIONAL, INC.
Ref. Number: P18000048193

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please correct the effective date of dissolution on the Notice of Corporate Dissolution.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 020A00004320

ARTICLES OF DISSOLUTION

2020 MAR -9 PM 6:00

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:

XPLUS INTERNATIONAL, INC

SECOND: The document number of the corporation (if known): P18000048193

THIRD: The date dissolution was authorized: 1-1-19

Effective date of dissolution if applicable: 1-1-19

(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 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)

EDUARDO R. SILVA NETO

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

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: XPLUS INTERMNATIONAL, INC.

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

JANUARY 1, 2019

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

Description of information that must be included in a claim:

ANY AND ALL RELAVANT INFORMATION ACCORDING TO STATE (FLORIDA) AND FEDERAL LAW.

PROVIDE A REASONABLE DESCRIPTION OF THE CLAIM, INCLUDING THE DATE, AMOUNT OF CLAIM AND
SUPPORTING DOCUMENTATION.

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

10661 NORTH KENDALL DRIVE SUITE 206A, MIAMI, FLORIDA 33176

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.

EDUARDO R. SILVA NETO

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