P18000059157

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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: DISSOLUTION OF CORPORATION P18000059157 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ABRAHAM DANIEL PEREZ (Name of Contact Person) WATERPROOFING ADP SERVICES CORP (Firm/Company) 5084 PONCE DE LEON ROAD (Address) KISSIMMEE FLORIDA 34746 (City/State and Zip Code) For further information concerning this matter, please call:

at (321) 443-5536 (Area Code & Daytime Telephone Number) ABRAHAM DANIEL PEREZ (Name of Contact Person)

Enclosed is a check for the following amount:

■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: WATERPROOFING ADP SERVICES CORP		
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation: 7.5.2018		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	☐ None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distrito the shareholders, if shares were issued.	buted	
SEVENTH	: Adoption of Dissolution (CHECK ONE)		
	☐ A majority of the incorporators authorized the dissolution.	2010 AUG SECRE IF TALLAHA	
	A majority of the directors authorized the dissolution.	MASSAMA MASSAMA PARAMA	
	Date :	AM 9: 05 OF STATE EE, FLORID	
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an in in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	corporator - if	
	ABRAHAM DANIEL PEREZ		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of Person Signing)		

Filing Fee: \$35