

10-04-22 10:05 AM
10/4/22, 9:51 AM

INCOME TAX

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : L & R INTERNATIONAL FIRM INC
Account Number : I20200000026
Phone : (786)413-4344
Fax Number : (305)222-9004

**DISSOLUTION OR WITHDRAWAL
CHAPIN SERVICES CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

H22000339904 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: P18000087885

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

Please return all correspondence concerning this matter to the following:

ALIDA GARCIA

(Name of Contact Person)

CHAPIN SERVICES CORP

(Firm/Company)

505 NE 13TH STREET APT 8

(Address)

FORT LAUDERDALE FL 33304

(City/State and Zip Code)

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For further information concerning this matter, please call:

ALIDA GARCIA

at (754-214-4546

(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

H22000339904 3

H22000339904 3

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:
CHAPIN SERVICES CORP

SECOND: The document number of the corporation (if known): P18000087885

THIRD: The date dissolution was authorized: 10-03-2022

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: 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)

Alida C. Garza

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

H22000339904 3

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2022 OCT -4 AM 10:44

FLORIDA DEPARTMENT OF STATE

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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: CHAPIN SERVICES CORP

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 10-03-2022

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

Description of information that must be included in a claim:

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

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.

Alida C. Garcia

Printed Name of the Person Filing

ACGP

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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