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70:

Division of Corporations

Fax Number

: (859)617-6380

From:

Account Name : GULATI LAW Account Number : I20130000014

Phone Fax Number : (407)980-5054 : (407)517-4931

DISSOLUTION OR WITHDRAWAL

APOLLO ADVENTURES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations	
21/11/12 01 001 p 11 11 11 11 11 11 11 11 11 11 11 11	
SUBJECT: Articles of Dissolution for APOL	LO ADVENTURES INC.
DOCUMENT NUMBER: P19000017279	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Jaime Eddy, Esq.	
(Name of	f Contact Person)
Gulati Law, P.L.	
(Fi	rn/Company)
479 Montgomery Place	
(/	Address)
Altamonte Springs, Florida 32714	
(City/St	ate and Zip Code)
For further information concerning this ma	atter, please call:
Jaime Fddy, Esq.	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	eimt:
■ \$35 Filing Fee	□ \$43.75 Filing Fee & □ \$52.50 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 Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF DISSOLUTION

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

APOLLO ADVENTURES INC.
SECOND: The document number of the corporation (if known): P19000017279
THIRD: The file date of the articles of incorporation: 2/21/19
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.
FIFTH: No debt of the corporation remains unpaid. SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH: Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
Signature: (Fay a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a nuclear, trustee, or other court appointed ficknoisty, by that fiduciary.) THOMAS JOSEPH (Typed or printed name of person signing)

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below against this corporation as provided in s. 607.1407, F.S.	for resolution of payment of unknown claims
This "Notice of Corporate Dissolution" is optional and is not require	red when filing a voluntary dissolution.
Name of Corporation: AFOLLO ADVENTURES INC.	
Date of dissolution will be the date the dissolution is filed with the l specified in the Articles of Dissolution.	Department of State or as
Description of information that must be included in a claim:	
All claims against the corporation must include the claim amount, basis, a	nd origination date.
Mailing address where claims can be sent: (Claims cannot be sent to	o the Division of Corporations)
479 Montgomery Place, Altomonte Springs, FL 32714	
·	
A claim against the above named corporation will be barred unless within 4 years after the filing of this notice.	a proceeding to enforce the claim is commenced
	ΛC
Jaime Eddy	Heddy
Printed Name of the Person Filing	Signature of the Person Filling

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