Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000357907 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : 120100000043 ; (305)397-8553 Phone

: (305)397-8521 Fax Number

DISSOLUTION OR WITHDRAWAL CASTILLO'S PERMITS EXPEDITOR.COM CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

DEC 12 2019

S. YOUNG

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Amendment Section

TO:

H19000357907 3 x1

No. 7029 P. 2

COVER LETTER

| Division of Corporations | | | |
|---|---|------------------|----------|
| SUBJECT: CASTILLO'S PERMITS EXPEDITOR COM CORP | | | |
| DOCUMENT NUMBER: P19000026315 | _ _ _ | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| | | 19 G | |
| JOSE P. CASTILLO (Name of Contact Person) | , - ; - | (''' | |
| | | | |
| CASTILLO'S PERMIT EXPEDITOR COM CORP (Firm/Company) | | 1.69 | |
| (Filli) Company) | \$ \ \ \ | 23 | |
| : | | | • |
| 1275 MARSEILLE DR | | | |
| (Address) | | | |
| | | | |
| MIAMI BEACH, FL 33141 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| MSE B CASTILLO at 305-495-8584 | | | |
| (Name of Contact Person) at 305-495-8884 (Area Code) (Daytime Te | lephone N | lumbe | er) |
| Enclosed is a check for the following amount: | | | |
| Certificate of Status Certified Copy Cert (Additional copy is Cert enclosed) (Add | 50 Filing F ificate of S ified Copy ditional cop dosed) | tatus | . |

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

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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: | | |
|---------|---|--|--|
| | CASTILLO'S PERMIT EXPEDITOR.COM CORP | | |
| SECOŅD: | The document number of the corporation (if known): P19000026315 | | |
| THIRD: | The date dissolution was authorized: 12/11/2019 | | |
| | 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: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. | | |
| | Dissolution was approved by the shareholders through voting groups. | | |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: | | |
| | The number of votes cast for dissolution was sufficient for approval by | | |
| | | | |
| | (voting group) | | |
| | <i>!</i> | | |
| | 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) | | |
| | JOSE P. CASTILLO (Typed or printed name of person signing) | | |
| | PRESIDENT | | |
| | (Title of person signing) | | |

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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: CASTILLO'S PERMIT EXPEDITOR.COM CORP Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: BRIEF INFO ABOUT CLAIM AND CONTACT INFO. Mailing address where claims can be sent (Claims cannot be sent to the Division of Corporations) 1275 MARSEILLE DRIVE, MIAMI BEACH, FL 33141 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. JOSE P.CASTILLO

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

Printed Name of the Person Filing

Signature of the Person Filing