

P190000109396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

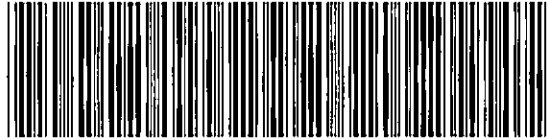
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC 28 2022

Office Use Only



500398711375

FILED

2022 DEC 27 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FL 32399

40

RECEIVED

2022 DEC 27 PM 4:07

TALLAHASSEE, FL 32399

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: 52.50

AUTHORIZATION: _____

Jan Fink

Atlantic CYPRESS CREEK GENERAL PARTNER INC.

A19000069396

Business Name _____

Document Number, (if known): _____

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait ___ Photocopy

 X Certified Copy of Articles of Organization

 X Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ Other
___ CORP
___ PLLC

AMMENDMENTS

___ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
 X Dissolution
___ Merger
___ Conversion
___ Statement of Correction

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ APOSTIL () _____

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ Other

Country

EXAMINER'S INITIALS: _____

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATLANTIC CYPRESS CREEK GENERAL PARTNER INC.

DOCUMENT NUMBER: P19000069396

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

Please return all correspondence concerning this matter to the following:

ERIC P. STEIN

(Name of Contact Person)

ERIC P. STEIN, P.A.

(Firm/Company)

1820 NE 163 STREET, STE. 100

(Address)

NORTH MIAMI BEACH, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

ERIC P. STEIN

at (786) 248-1000

(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

FILED

ARTICLES OF DISSOLUTION

2022 DEC 27 PM 4:24

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:
ATLANTIC CYPRESS CREEK GENERAL PARTNER INC.

SECOND: The document number of the corporation (if known): P19000069396

THIRD: The date dissolution was authorized: 12/23/2022

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:

Y Frankforter

(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)

Yaakov Frankforter

(Typed or printed name of person signing)

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: ATLANTIC CYPRESS CREEK GENERAL PARTNER INC.

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

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

Description of information that must be included in a claim:

1. Nature of the claim, 2. Basis for the claim, 3. Amount of the claim, and 4. Full legal name and address of the creditor

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

4810 Jean-Talon West #408

Montreal, Quebec H4P2N-5

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.

Yaakov Frankforter, its President

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