

P 19000081352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

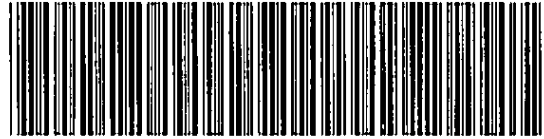
(Document Number)

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FILED  
2023 MAY -2 AM 9:37  
TOLSON

af 4/3/2023

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Article of Dissolution for the company name: RMA Robotic Solutions Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

JACOB ABECASSIS

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

4045 SHERIDAN AVE, SUITE 211.

\_\_\_\_\_  
(Address)

MIAMI BEACH, FL.33140

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JACOB ABECASSIS

\_\_\_\_\_  
(Name of Contact Person)

at ( <sup>416</sup> ) <sup>636-3232</sup>

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

Amendment Section  
Division Of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

December 13<sup>th</sup>, 2022

**RE:** Dissolution of RMA Robotic Solutions Inc.

To Whom It May Concern,

Return address: 4045 Sheridan Avenue, Suite 211, Miami Beach, FL 33140.  
telephone number is (416) 636-3232. I have included the dissolution form, along with the cover  
letter and payment for the processing fee of \$52.50 USD.

*Jacob Abecassis*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2023

JACOB ABECASSIS  
4045 SHERIDAN AVENUE  
SUITE 211  
MIAMI BEACH, FL 33140

SUBJECT: RMA ROBOTIC SOLUTIONS INC.  
Ref. Number: P19000081352

We have received your document for RMA ROBOTIC SOLUTIONS INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

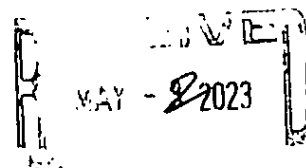
The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 523A00005317



## ARTICLES OF DISSOLUTION

2023 MAY -2 AM 9:37

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

TALLAHASSEE, FL

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
RMA Robotic Solutions Inc.

SECOND: The document number of the corporation (if known): P19000081352


THIRD: The file date of the articles of incorporation: ~~December 12th 2022~~ 10/31/2019

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

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.)

Raymond Arseneault

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35