

P210000001580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

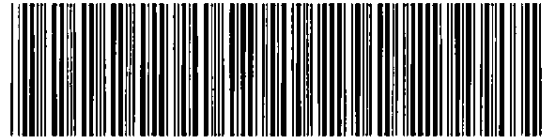
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. H. C. R. L.  
OCT 11 2023

Office Use Only



000416419780

10/02/23--01025--005 \*\*35.00

23 OCT -2 AM 11:07  
MAIL ROOM  
RECEIVED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**Section 607.1403, Florida Statutes, provides for the dissolution of a corporation that has issued shares.**

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

**NOTE:** A **Notice of Corporate Dissolution** form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

**FEES:**

Articles of Dissolution	\$ 35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**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

For further information, you may contact the Amendment Section at (850) 245-6050.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mass Trading Academy Inc  
\_\_\_\_\_

**DOCUMENT NUMBER:** P21000001580  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Maria C Perez  
\_\_\_\_\_

(Name of Contact Person)

Paz Accounting Company  
\_\_\_\_\_

(Firm/Company)

6401 SW 87 Avenue Suite 114  
\_\_\_\_\_

(Address)

Miami FL 33173  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Maritza Castellanos  
\_\_\_\_\_

at ( 786-449-7340

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

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

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**ARTICLES OF DISSOLUTION**

23 OCT -2 AM 11:07  
FALL COUNTY, FLORIDA  
CLERK OF THE COURT

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:

Mass Trading Academy Inc

SECOND: The document number of the corporation (if known): P21000001580

THIRD: The date dissolution was authorized: July 31, 2023

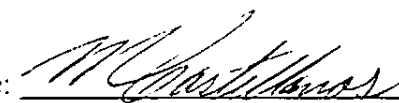
Effective date of dissolution if applicable: July 31, 2023

(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)

Maritza Castellanos

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**