7/23/2021

## Figrida Department of State Division of Corporations Division of Corporations Division of Corporations Division of Corporations Division of Corporations

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DISSOLUTION OR WITHDRAWAL ABA SPECIALIST OF FL INC

| Certificate of Status | 0       |
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Corporate Filing Menu

Help

From: Luciano Puer

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## ARTICLES OF DISSOLUTION

| FIRST:  | The name of the corporation as currently filed with the Florida Department of S  | State:                     |               |
|---------|--|----------------------------|---------------|
|         | ABA SPECIALIST OF FL INC   |                            |               |
| SECOND: | The document number of the corporation (if known):   |                            | -<br>-        |
| TḤIRD:  | The date dissolution was authorized:   | ,                          | •             |
|         | Effective date of dissolution if applicable:   |                            | _             |
|         | (no more than 90 days after dissolution file Note: If the date inserted in this block does not meet the applicable statutory filing requirement not be listed as the document's effective date on the Department of State's records. | : date)<br>ts, this date ( | wil           |
| FOURTH: | Dissolution was approved by the shareholders, in the manner required by this characters of incorporation.  | napter and                 |               |
|         |  | <b>&gt;</b>                | ب             |
| •       |  |                            | 9091          |
|         |  |                            |               |
|         |  | india.<br>Tido             | ンだ            |
| •       |  | 1 (7)                      | A<br>Co       |
| Si      | Signature: Muf   |                            | <u>۔</u><br>ټ |
|         | (By a director, provident 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)                    |                            |               |
|         |  |                            | ٠.            |
| · ·     | Yurima G Zaldivar  |                            |               |
| •       | (Typed or printed name of person signing)  |                            |               |
| Pr      | resident   |                            |               |

Filing Fee: \$35