

P21 000050227

(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:

Q. SILAS

6/23/22

3/9/22

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01/21/22--01014--020 ++35.00

FILED
2022 MAR -9 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -9 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FL

February 9, 2022

SANDRA BETANCOURT
5206 US US HIGHWAY 98 N
LAKELAND, FL 33809

SUBJECT: 367 FLORIDA CORP
Ref. Number: P21000050227

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Because of recent changes to Chapters 607, 605, and 620, Florida Statutes, your document does not meet current filing requirements. You may download the correct form and instructions from our website www.sunbiz.org.

Please complete the enclosed Dissolution form.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 222A00003241

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 367 FLORIDA CORP

DOCUMENT NUMBER: P21000050227

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

Please return all correspondence concerning this matter to the following:

SANDRA BETANCOURT

(Name of Contact Person)

SKY NETPROFIT LLC

(Firm/Company)

5206 US HWY 98 N

(Address)

LAKELAND FL 33809

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Betancourt at (863) 258-0599

(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

ARTICLES OF DISSOLUTION

FILED

2022 MAR -9 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to section 607.1401, 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:
367 FLORIDA CORP

SECOND: The document number of the corporation (if known): P21000050227

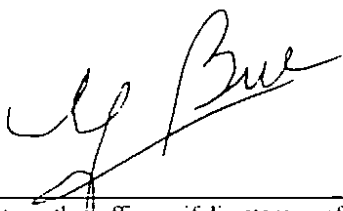
THIRD: The file date of the articles of incorporation: 05/26/2021

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.)

JUANITA BRICENO
(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: 367 FLORIDA CORP

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:

ALL CLAIMS AGAINST THE ASSETS OF 367 FLORIDA CORP MUST BE MADE IN WRITING AND INCLUDE
THE CLAIM AMOUNT, BASIS AND ORIGINATION DATE.

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

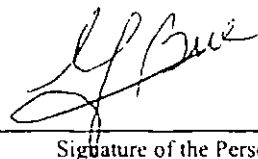
367 FLORIDA PKWY

KISSIMMEE, FL 34743

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.

JUANITA BRICENO

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