

P21 00000 76937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

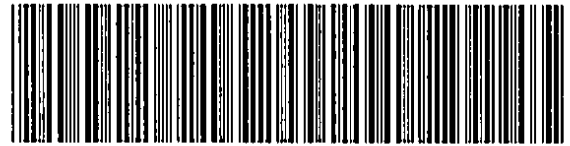
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/23/21--01029--003 **35.00

2022 JAN -3 PM 1:35
CLERK OF STATE
TALLAHASSEE, FL

FILED

Y. SULKER
JAN 05 2022

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN -3 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FL

December 14, 2021

LUCA NACCARATO
3942 HAMILTON CLUB CIRCLE
SARASOTA, FL 34242

SUBJECT: INTELIPAK AI INCORPORATED
Ref. Number: P21000076937

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

If the corporation is a **PROFIT** corporation it must be signed 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.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00030099

COVER LETTER

TO: Amendment Section
Division of Corporations

FD-350 (Rev. 1-7-83)

Dissolution of corporation

SUBJECT: _____

CP 575 A

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Luca Naccarato

(Name of Contact Person)

Intelipak AI

(Firm/Company)

3942 Hamilton Club Circle

(Address)

Sarasota, Florida 34242

(City/State and Zip Code)

For further information concerning this matter, please call:

Luca Naccarato

5027275482

502-727-5484

_____ at (_____) _____

(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

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:
INTELIPAK AI

CP 575 A

SECOND: The document number of the corporation (if known):
08-18-2021

THIRD: The file date of the articles of incorporation: _____

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.

FILED
2022-11-3 PM 1:35
CLERK OF STATE
TAMMUSEE, FL

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.)

LUCA NACCARATO

(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.

INTELIPAK AI

Name of Corporation: _____ IMMEDIATE

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:

Im dissolving this corporation due to shareholder issues. No business has been conducted, there are no loans or leans.

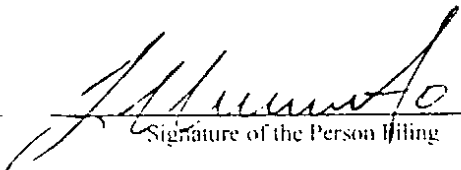
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

3942 Hamilton Club Cir Sarasota Florida 34242

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.

Luca Naccarato

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