

**P21000095486**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000304512 3)))



H230003045123ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

**To:**

Division of Corporations  
Fax Number : (850)617-6390

**From:**

Account Name : E ALEX ORTIZ, CPA, PA  
Account Number : I20180000017  
Phone : (305)340-2000  
Fax Number : (786)953-6246

2023 SEP -7 AM 9:46  
TALLAHASSEE, FLORIDA

FILED

**DISSOLUTION OR WITHDRAWAL  
IDALTEK CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H23000304512 3

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IDALTEK CORP

**DOCUMENT NUMBER:** P21000095486

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

Please return all correspondence concerning this matter to the following:

ALEX ORTIZ, CPA

(Name of Contact Person)

E ALEX ORTIZ, CPA, PA

(Firm/Company)

2727 PONCE DE LEON BLVD

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA

(Name of Contact Person)

at (305-340-2000

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



September 6, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

IDALTEK CORP  
2727 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

SUBJECT: IDALTEK CORP  
REF: P21000095486

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Diane Cushing  
Operations Manager A

FAX Aud. #: E23000304512  
Letter Number: 623A00020490

Refax Document  
Thank you!

H23000304512 3

## ARTICLES OF DISSOLUTION

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:  
IDALTEK CORP

SECOND: The document number of the corporation (if known): P21000095486

THIRD: The date dissolution was authorized: 8/28/2023

Effective date of dissolution if applicable: \_\_\_\_\_  
(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: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups:

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: X \_\_\_\_\_

(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)

ARMANDO PALADINI

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 SEP -7 AM 9:46

FILED