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To:							
		Corporations <sup>.</sup>					
	Fax Number	: (850)617-6380					
From:							
	Account Name		.C				
	Phone	er : 120210000155 : (305)226-8727				202	
	Fax Number	: (786)947-0844				1	• =======
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## COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: \_\_\_\_\_

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

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LUCIA ESTRELLA		2024 HAR 20			
(Name o	f Contact Person)				
LICENSES & PERMITS					
(Fi	rm/Company)	AH II: 04 SEE. FL			
8300 WEST FLAGLER ST					
(4	Address)	<u> </u>			
MIAMI, FL 33144					
(City/St	tate and Zip Code)				
For further information concerning this ma	atter, please cail:				
LUCIA ESTRELLA	at ( <sup>(305)226-8727</sup>				
(Name of Contact Person)	(Area Code) (Daytime Telephon	c Number)			
Enclosed is a check for the following amon	unt:				
S35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing F Certified Copy (Additional copy is enclosed) □ \$52.50 Filing F Certificate of Sta Certified Copy (Additional copy enclosed)	tus &			
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, S Tallahassee, FL 32303				

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## 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: NADCHAR SERVICES CORP

P23000006613 The document number of the corporation (if known):							
The date dissolution was authorized:							
Effective date of dissolution if applicable:							
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.							
Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.	r M O						
	The date dissolution was authorized:						

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)

NADCHAR BETANCOURT, MANUEL IBRAIM

(Typed or printed name of person signing)

PRESIDENT

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(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.

NADCHAR SERVICES CORP

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

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

9331 SW 6TH LN

MIAMI, FL 33174

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.

NADCHAR BETANCOURT, MANUEL IBRAIM

Printed Name of the Person Filing

Signature of the Person Filing

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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00