P2300037938

	Requestor's Name)
•	(Address)
ı	(Address)
<u> </u>	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
`	Social environment,
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





300422630273

01/26/24--01024--021 ++35.00





COVER LETTER

Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: <u>7230000 37938</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Do Joseph Herman
ASSIST TO SUCCEEN OF BOAR PANON, INC (Firm/Company)
509 NE 20th St.
BOCA RAYON, FL 33431
(City/State and Zip Code)
For further information concerning this matter, please call:
JOSEP Jerm at (951-849-4148) (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

	मित्रा के लिए हैं हैं।
FIRST:	The name of the corporation as currently filed with the Florida Department of State: ASSIST TO SUCCEED OF BOXA PATON, FM
SECOND:	The document number of the corporation (if known): P230000 37938
THIRD:	The date dissolution was authorized: $\underline{\text{Jm } 2,2024}$
	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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	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) (Typed or printed name of person signing) (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.

Name of Corporation: ASSIST TO SUCCEPTO OF BOCA PAID 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: BUSINESS FAIRE	n, AC
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:	
(date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim:	
(date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim:	
Business Failed	
	·····
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporation Sog NE ZoTh SH Boch EAJON, FI 33 (13)	15)
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is within 4 years after the filing of this notice.	commenced

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