# Florida Department of State Division of Sorporations Division of State Division of Sorporations Division of State Division

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.

(((H24000408974 3)))



H240004089743ABC5

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)617-6380

From:

Account Name : YOBI TECHNOLOGY, LLC

Account Number : I20200000112
Phone : (407)351-6656
Fax Number : (407)612-2313

## DISSOLUTION OR WITHDRAWAL MAKE SMART SERVICES CORP

RECEIN AN 8:57

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

APPILED FILED Page: 3 12/12/2024 06:59 PM TO:18506176383 FROM:4079449857

### **COVER LETTER**

| TO: Amendment Section Division of Corporations                            |                                |  |
|---|--------------------------------|--|
| SUBJECT: MAKE SMART SERVICES CO   | rr P                           |  |
| DOCUMENT NUMBER: P2300007974  |                                |  |
| The enclosed Articles of Dissolution an                                   | d fee are submitted for filin  | g.   |
| Please return all correspondence concerr                                  | ning this matter to the follow | ving:  |
| ANTONIO CARDOSO   |                                |  |
| (Name   | of Contact Person)             |  |
| EXCEL TOTAL BUSINESS  |                                |  |
| (F  | firm/Company)                  |  |
| 7575 KINGSPOINTE PARKWAY, SUITE#2   |                                |  |
|   | (Address)                      |  |
| ORLANDO, FL 32819   |                                |  |
| (City/S   | State and Zip Code)            |  |
| For further information concerning this r                                 | natter, please call;           |  |
| ANTONIO CARDOSO   | 407 - 351-6656 EX              | XT 102   |
| (Name of Contact Person)  | (Area Code)                    | (Daytime Telephone Number)   |
| Enclosed is a check for the following am                                  | ount:                          |  |
| ■ \$35 Filing Fee □ \$43.75 Filing Fee<br>Certificate of Status           | <del>-</del>                   | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Ame<br>Divis                   | et Address: Indment Section Ition of Corporations Centre of Tallahassee                    |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Page: 4 12/12/2024 06:59 PM TO:18506176383 FROM:4079449857

#### 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:  MAKE SMART SERVICES CORP   |  |  |
|---------|--|--|--|
| SECOND: | The document number of the corporation (if known):   |  |  |
| THIRD:  | The date dissolution was authorized:   |  |  |
|         | 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.  |  |  |
|         | 2024 DEC 13 AM 11:3  |  |  |
| S       | (By adirects), president or other officer of 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)   |  |  |
|         | MILENA MIRAND DE ARAUJO  |  |  |
|         | (Typed or printed name of person signing)  |  |  |
|         | PRESIDENT  |  |  |
|         | (Title of person signing)  |  |  |

Filing Fee: \$35

Page: 5 12/12/2024 06:59 PM TO:18506176383 FROM:4079449857

#### 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: MAKE SMART SERVICES CORP   |  |
|---|--|
| The above named corporation is the subject of dissolution and   | d the effective date of a dissolution is: 12/11/2024     |
|   |  |
| (date filed with the Dept, if date spe  | eified in the Articles of Dissolution)                   |
| Description of information that must be included in a claim:  |  |
| The dissolution is decided by the President, because she has to move  | re back to her country and she is not going coming back. |
|   |  |
|   |  |
|   |  |
| Mailing address where written claims can be sent: (Claims ca  | unnot be sent to the Division of Corporations)           |
| 7575 Kingspointe Pkwy suite#2, Orlando, FL 32819  |  |
| This is the address from the accounting office for her company.   |  |
|   |  |
|   |  |
| A claim against the above named corporation will be barred of within 4 years after the filing of this notice. | inless a proceeding to enforce the claim is commence     |
|   | med Med  |
| Milena Mirand de Araujo - President   | Muleua Mix   |
| 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