

P2400000 7990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

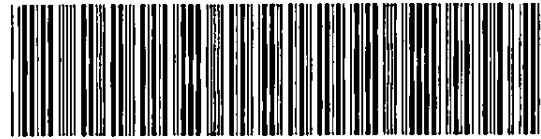
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300423474083

*dissolution with
notice*

FILED
2024 FEB -8 AM 11:29

RECEIVED


2024 FEB -8 AM 11:24

RECEIVED

CALLAHAN, FLORIDA

A. RAMSEY
FEB -9. 2024

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 304376 7911136
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : February 1, 2024
ORDER TIME : 10:20 AM
ORDER NO. : 304376-005
CUSTOMER NO: 7911136

DOMESTIC FILINGS

NAME: CODIGO TRAQUINA UNIPessoal
- 517649314 INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CODIGO TRAQUINA UNIPessoal - 517649314 INC.

DOCUMENT NUMBER: P24000007990

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

Please return all correspondence concerning this matter to the following:

Stephen M. Soble

(Name of Contact Person)

API Development Group, LLC

(Firm/Company)

7140 Old Dominion Drive

(Address)

McLean, VA 22101

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen M. Soble

(Name of Contact Person)

at (202) 215.4320

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
2024 FEB -8 AM 11:29

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:
CODIGO TRAQUINA UNIPessoal - 517649314 INC.
- SECOND: The document number of the corporation (if known): P24000007990
- THIRD: The file date of the articles of incorporation: 01/29/2024
- 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.

Signature:  FEBRUARY 5, 2024
(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.)

Stephen M. Soble

(Typed or printed name of person signing)

Incorporator

(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.

Name of Corporation: CODIGO TRAQUINA UNIPessoal - 517649314 INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

February 1, 2024

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

Description of information that must be included in a claim:

The dissolution comes three days after Original Incorporation, and is intended solely to correct a variety of errors

and changes in the Original Incorporation. Claims must identify who ordered or requested the goods or services

claimed and from whom on behalf of the Company, the date of such request, the date of the provision of the

goods or services and the written evidence addressing such claim. Claims must be filed with the Company

within 30 days of the provision of such goods or services

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

Codigo Traquina Corporation c/o Stephen M. Soble

PO Box 10995

McLean, VA 22102

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.

Stephen M. Soble

Printed Name of the Person Filing



Signature of the Person Filing

2.5.2024

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