

04/04/2013

20:16

3052201440

LAZARUS CORPORATE

PAGE 01/02

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.

((H24000125798 3)))



H240001257983ABC5

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 : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL
J. SOTO QUALITY ASSURANCE INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

FILED

2024 APR -5 AM 9:20

SECRETARY OF STATE

RECEIVED

2024 APR -5 PM 1:27

SECRETARY OF STATE

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:
J Soto Quality Assurance Inc

SECOND: The document number of the corporation (if known): P24000021641

THIRD: The date dissolution was authorized: 4/5/24

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

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: [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)

Ryszard Soto

(Typed or printed name of person signing)

(Title of person signing)

FILED
2024 APR -5 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35