P93000084983

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· •#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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NICHTARY OF STATE
ANY AHASSEE, FLORIDA

TRANSMITTAL LETTER
TO: Amendment Section Division of Corporations
SUBJECT: INTENT TO DISSOLUE
DOCUMENT NUMBER: P 930000 84983
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EDWARD CCOX, PRES (Name of Person)
COLA TRANSPORTATION SERVEES INC (Name of Firm/Company)
2920 SE 22ND PLACE
CAPE CORAL FL 33964 (City/State/and Zip Code)
For further information concerning this matter, please call:
EDWARD COX at (239) 540-2780 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$\to\$ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)

MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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 cornoration as currently filed with the Department of State: COLA TRANSPORTATION SERVICES, INC.
SECOND:	The document number of the corporation (if known): 12000 84 983
THIRD:	The date dissolution was authorized: Escent 27,2004
	Effective date of dissolution if applicable: 1901 30, 2004 (so 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 of 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
	Signed this 27 day of August , 2004.
	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)
	FDWARD COX (Typed or printed name of person signing) RESIDENT
	(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: OATRAWS ORTATION ERVICES TIMES TO A TRANSFORTATION OF THE PROPERTY OF THE PR
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
ALL DOCUMENTS BEF CLAIM
<u> </u>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
2920 SE ZZND PLACE
CAPE CORAL FL 33904
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.
"
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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00