P960000 11294

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A. BUTLER JUN 2 2 2022

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of	Corporation		
DOCUMENT NUMBER	P 96000 011294 R:	-,	
The enclosed Articles of	Dissolution and f	ee are submitted for filing	2.
Please return all correspo	ndence concerning	g this matter to the follow	ring:
Juan A. Casadevall			
	(Name of	Contact Person)	
Atlantic Services Corp.			
	(Firr	n/Company)	
15858 SW 11th Street			
	(A	ddress)	
Pembroke Pines, FL 33027			
	(City/Sta	ite and Zip Code)	
For further information co	oncerning this ma	tter, please call:	
Juan A. Casadevall		305-491-6261	
(Name of Cont	act Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for th	e following amou	int:	
■ \$35 Filing Fee □ \$43 Cert	3.75 Filing Fee & ificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$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

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ARTICLES OF DISSOLUTION

2022 MAY -2 PM 3: 34

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

riksi:	Atlantic Services Corp.			
SECOND:	P96000011294 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.			
;	Signature:			
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	Juan A. Casadevall			
•	(Typed or printed name of person signing)			
	President			
	(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:___ 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: Dissolution was approved by shareholders. Effective date is 12/31/2021. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 15858 SW 11th Street, Pembroke Pines, FL 33027 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. Juan A. Casadevall Printed Name of the Person Filing

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