

P99 000084608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2022 JUL -5 AM 10:14
CLERK OF SUPERIOR COURT
JUL 5 2022

*Dissolution
w/ notice*

SEP 14 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAFE FUND CORP

DOCUMENT NUMBER: P99000084608

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

Please return all correspondence concerning this matter to the following:

ALVIN BOWEN, AGENT

(Name of Contact Person)

SAFE FUND CORP

(Firm/Company)

PO BOX 13

(Address)

HAYSVILLE, KS 67060

(City/State and Zip Code)

For further information concerning this matter, please call:

ALVIN BOWEN

(Name of Contact Person)

at (316 312 6444

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

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:

SAFE FUND CORP

SECOND: The document number of the corporation (if known): P99000084608

THIRD: The date dissolution was authorized: 06/24/2022

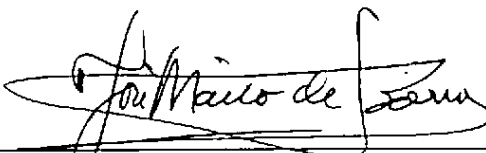
Effective date of dissolution if applicable: 06/24/2022

(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:


(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)

JOSE MARIO DE BARROS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

2022 JUL -5 AM 10:14
CLERK OF THE COURT
STATE OF FLORIDA

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: SAFE FUND CORP

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 06/24/2022

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

Description of information that must be included in a claim:

NAME OF CLAIMANT

DESCRIPTION, REASON, AND AMOUNT CLAIMED, INVOICE (S)

EMITTANCE ADDRESS & TELEPHONE NUMBER

ORIGINAL AGREEMENT (IF APPLICABLE)

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

SAFE FUND CORP

ATTN: CLAIMS MANAGEMENT

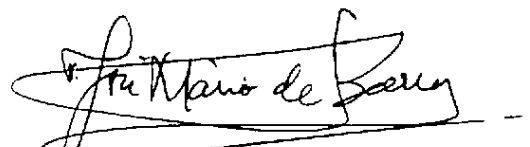
PO BOX 351526

MIAMI, FL 33135

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.

JOSE MARIO DE BARROS

Printed Name of the Person Filing


Signature of the Person Filing