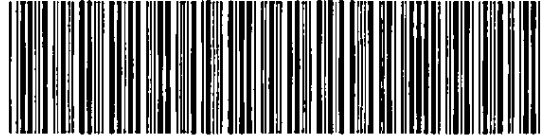


V16125



200339410462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

01/25/20--01018--006 **35.00

Certified Copies _____ Certificates of Status _____

6th

Special Instructions to Filing Officer:

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permission to
correct Notice
& Diss. TC

Office Use Only

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w/Notice

2020 APR -6 P 3:01

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2020 APR -6 PM 12:41

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2020

SUSAN ALWINE
825 BRICKELL BAY DR.
SUITE 250
MIAMI, FL 33131

SUBJECT: ALWINE'S TRAVEL SERVICE, INC.
Ref. Number: V16125

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

UNDER THE DESCRIPTION OF INFORMATION THAT MUST BE INCLUDED IN A CLAIM, AN EXAMPLE OF WHAT IS NEEDED IN THIS SECTION: NAME, ADDRESS, EMAIL ADDRESS AND NUMBER OF PERSON THAT CAN BE CONTACTED ABOUT THE CLAIM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 620A00006247



2020 MAR -9 AM 11:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2020

SUSAN ALWINE
825 BRICKELL BAY DR.
SUITE 250
MIAMI, FL 33131

SUBJECT: ALWINE'S TRAVEL SERVICE, INC.
Ref. Number: V16125

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 607.1407 or 617.104, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 020A00003753

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alwine's Travel Service, Inc.

DOCUMENT NUMBER: V16125

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

Please return all correspondence concerning this matter to the following:

Susan Alwine

(Name of Contact Person)

Alwine's Travel Service, Inc.

(Firm/Company)

825 Brickell Bay Drive, Suite 250

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Alwine

at (305) 530-9221

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate 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

ARTICLES OF DISSOLUTION

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:
Alwine's Travel Service, Inc.

- SECOND: The document number of the corporation (if known): VI6125
- THIRD: The file date of the articles of incorporation: 02/24/1992
- 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: 
(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.)

Susan Alwine

(Typed or printed name of person signing)

President and Director

(Title of Person Signing)

Filing Fee: \$35

2020 APR -6 P 3:01

FILED

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: Alwine's Travel Service, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/31/2019

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

Description of information that must be included in a claim:

NAME, ADDRESS, EMAIL ADDRESS AND NUMBER OF
PERSON THAT CAN BE CONTACTED ABOUT THE CLAIM.

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

Alwine's Travel Service, Inc.

825 Brickell Bay Drive, Suite 250

Miami, FL 33131

Phone: 305-530-9721

E-MAIL: A-T-S TRAVEL 51 @ GMAIL.COM

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.

Susan Alwine

Printed Name of the Person Filing



Signature of the Person Filing

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