

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

2nd Request

**DISSOLUTION OR WITHDRAWAL
PROFESSIONAL STAFFING SOLUTION, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

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:
PROFESSIONAL STAFFING SOLUTION, LLC

L18000050973

SECOND: The document number of the corporation (if known):
Aug. 24, 2020

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:

Decoded by:

Zaritzza Arriaga

57ED28334E81403

(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)

ARRIAGA, ZARITZA

(Typed or printed name of person signing)

MANAGER

(Title of person signing)

Filing Fee: \$35

2/10/2020 - 2 PM 12:33

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.

PROFESSIONAL STAFFING SOLUTION, LLC

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:

FORCED CLOSURE DUE TO THE IMPACT OF COVID-19

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

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.

ARRIAGA, ZARITZA

Printed Name of the Person Filing

DocuSigned by:

Zaritza Arriaga

ETFC38534E81408

Signature of the Person Filing

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