

PD4000026181

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BEST MEDICAL STAFFING SERVICES, Co.

**DOCUMENT NUMBER:** P04000026181

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

Please return all correspondence concerning this matter to the following:

Onile Bello  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

6890 SW 161 PL  
(Address)

MIAMI FL. 33193  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Onile Bello at (305) 385-4602  
(Name of 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, Florida 32314

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

## 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 Department of State:  
BEST MEDICAL STAFFING SERVICES, Corp.

SECOND: The document number of the corporation (if known): P04000026181

THIRD: The file date of the articles of incorporation was: 02/06/2004

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

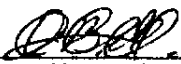
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 4 day of MARCH, 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.)

ONILE BELLO  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 19 PM 5:06

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