Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002795513)))



H110002795513ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AIT PLUS CONSULTING

Account Number : 120080000061 Phone : (407)582-9830 Fax Number : (407)582-9832

## DISSOLUTION OR WITHDRAWAL ALLESKI BUSINESS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

ectronic Filing Menu Corporate Filing Menu

Help

## COVER LETTER

TO: Amendment Section Division of Corporations
Division of Corporations
SUBJECT: ALLESKI BUSINESS, CORP
DOCUMENT NUMBER: P09000048699
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MADIA DINILEIDO
MARIA PINHEIRO
(Name of Contact Person)
AIT PLUS CONSULTING, LLC
, (Firm/Company)
8421 S ORANGE BLOSSOM TRAIL SUITE 109
(Address)
ORLANDO, FL 32809
(City/State and Zip Code)
For further information concerning this matter, please call:
MARIA PINHEIRO at ( 407 ) 582-9830
(Name of Contact Person) (Area Code & Daytime Telephone Number)

## 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:
	ALLESKI BUSINESS CORP
SECOND:	The document number of the corporation (if known): P0900048699
THIRD:	The file date of the articles of incorporation: 06/04/2009
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.
Signature: Alike Dung Muchado Bileski  (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.)	
	ALINE DINIZ M BILESKI (Typed or printed name of person signing)
	DIRECTOR (Title of Person Signing)

AIT

## **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: ALLESKI BUSINESS CORP
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
THERE IS NO MORE BUSINESS.
Mailing address where 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.
ALINE DINIZ M BILESKI  Printed Name of the Person Filing  Aline Diniz Machado Brilling  Signature of the Person Filing
Printed Name of the Person Filing Signature of the Person Filing