

NO1000000/883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

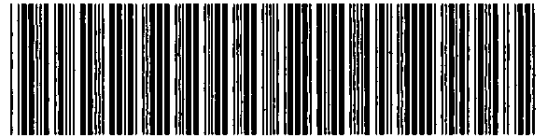
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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900133337539

EFFECTIVE DATE  
8-1-08

07/25/08--01005--007 \*\*35.00

LD

FILED  
08 JUL 25 PM 12:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUL 29 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

*ST FLEUR*  
**DOMINIQUE ST FLUEUR**

\_\_\_\_\_  
(Name of Contact Person)

**GENERAL IMMIGRATION SERVICES INC**

\_\_\_\_\_  
(Firm/Company)

**3923 LAKE WORTH RD #214-215**

\_\_\_\_\_  
(Address)

**LAKE WORTH FLORIDA 33461**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**GERALD S LESHER ESQ** at ( **561** ) **471-7155**

\_\_\_\_\_  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

EXPIRATION DATE  
8-1-08

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

GENERAL IMMIGRATION SERVICES INC

SECOND: The document number of the corporation (if known): NO. 1000001883

THIRD: Adoption of Dissolution  
(COMPLETE SECTION I OR II)

### SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

- ☐ The date of the meeting of members at which the resolution to dissolve was adopted \_\_\_\_\_, The number of votes cast by the members was sufficient for approval.
- ☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was JULY 17, 2008.

The number of directors in office was 1 and the vote for resolution was

1 for and 0 against. (must be a majority vote)

FILED  
08 JUL 25 PM 6:56  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

FOURTH: Effective date of dissolution if applicable: AUGUST 1, 2008  
(no more than 90 days after dissolution file date)

Signature

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

*ST FLEUR*  
DOMINQUE ST FLUEUR

(Typed or printed name of the person signing)

PRESIDENT AND DIRECTOR

(Title of person signing)

**FILING FEE: \$35**

## AFFIDAVIT

County of Palm Beach  
State of Florida

Before me a Notary this 22 day of July 2008 did appear Dominick St Flueur as President and Register Agent of a Florida Corporation known as General Immigration Services Inc. which was incorporated on March 13, 2001 it was intended to be a for profit corporation but was incorporated as a Not for profit corporation.

The Not for Profit Corporation is being dissolved and a for profit corporation with the same name will be incorporated. I will not reinstate the not for profit corporation

DOMINIQUE ST FLUEUR  
ST FLEUR  
NOTARY 



SEAL MY COMMISSION EXPIRES

### STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before  
me this 22 day of July, 20 08

Notary \_\_\_\_\_

Personally Known OR Produced Identification ✓

Type of Identification Produced FL DRL