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SECRETARY OF STATE
THE AHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Co	orporation
DOCUMENT NUMBER: <u>107000</u>	1000911
The enclosed Articles of Dissolution and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Mike Hanes	
(Name of Co	ontact Person)
(Figur /	ompany)
15 Fir di	(Anniparty)
OCala FL	34472 nd Zip Code)
	• ,
For further information concerning this matter, Mike Haves (Name of Contact Borres)	at (352) 266-7169 (Area Code & Daytime Telephone Number)
	(Alea Code & Da) time releptione Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\ \text{S52.50 Filing Fee,} \\ Certified Copy \\ (Additional copy is \\ enclosed) \text{Certified Copy} \\ (Additional copy is \\ enclosed) \text{(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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:
	Perfect air HelP Services MC
SECOND:	The document number of the corporation (if known): 10700009//
THIRD:	The file date of the articles of incorporation: 0/26/2007
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors) The dissolution was authorized by a projective of the disserters:
	The dissolution was authorized by a majority of the directors:
	☐ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Signa	(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) Mike Hanes (Typed or printed name of person signing) President (Title of person signing)

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

Signature

(By the chairman or receitainman 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.)

(Typed or printed name of the person signing)

(Title of person signing)

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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