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	(Re	questor's Name	<u> </u>	<u> </u>
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: DISSOLUTION				
DOCUMENT NUMBER: POOSO	ee are submitted for filing. This matter to the following:			
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning	this matter to the following:			
Stacie C (Name of F	oppens			
(Name of F	Person)			
(Name of F	Firm/Company)			
7100-39 Fairmay T	(Address)			
Palm Beach Gravaen (City/Si	os, FL 33418 tate/and Zip Code)			
For further information concerning this matt				
Stacie Coppens (Name of Person)	at (SU) 603-9334 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amour	nt:			
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, 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:			
سر 	Business Services Network Inc.			
SECOND:	The document number of the corporation (if known): POOOOO 5414			
THIRD:	The file date of the articles of incorporation was:			
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 1st day of July , 2004.				
Signature:/ (By director, president opother officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other characteristic fiduciary, by that fiduciary.)				
	Stacie Lee Coppers (Typed or printed name of person signing)			
	President (Title of person signing) FILED FILING Fee: \$35			
	(Title of person signing) ASSEE FILE D Filling Fee: \$35			