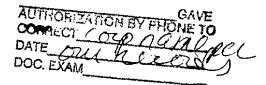
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/21p/F110fie #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Boodiffelia Halfiber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Florida 32314

SUBJECT: ARTICLES OF DISSOLUTION	ON .
DOCUMENT NUMBER: P000000576	85
The enclosed Articles of Dissolution and	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
ENNY MASSA. (Name of	
(Name o	of Person)
JENNY MASSAD	
(Name o	of Firm/Company)
4211 NW 2 TERRACE	
	(Address)
MIAMI, FL. 33126	
	y/State/and Zip Code)
For further information concerning this n	natter, please call:
JENNY MASSAD	at (_305) 8232303
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	ount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	* U \$43.75 Filing Fee & U \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Department of State:	
	S. FLORIDA INTERNATIONAL SERVICES, INC .	
SECOND:	The document number of the corporation (if known): P00000057685	
THIRD:	The date dissolution was authorized: 03/29/2004	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution ille date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	ıtioı
	☐ Dissolution was approved by of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled vote separately on the plan to dissolve:	to
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	
	Signed this 29 day of MARCH , 2004	
G	A STATE OF THE STA	
Signati	(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, of other court appointed fiduciary, by that fiduciary)	
	JENNY MASSAD	
	(Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	

Filing Fee: \$35

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: SOUTH FLORIDA INTERNATIONAL SERVICES TIC.
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:
NONE
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
4211 NW 2 TERRACE, MIAMI, FL. 33126
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.
JENNY MASSAD Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00