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(Re	questor's Name)	. "
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(Cit	y/State/Zip/Phone	e #)
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R. WHITE MAR 1 4 2018



COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT:FLOOR CARE SERVICES, CORE	······
DOCUMENT NUMBER: P00000084807	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
JULIO C	MOLINA
(Name of	Contact Person)
J.C. MOL	INA & ASSOC
(Fir	m/Company)
8260 W FLAGLER	STREET STE 2-C
(A	(ddress)
MIAMI, FL.	33144
(City/Sta	ate and Zip Code)
For further information concerning this ma	utter, please call:
JULIO C MOLINA	at (305 559 9070
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	ant:
■ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$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

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 Florida Department of State: FLOOR CARE SERVICES, CORP			
SECOND:	: The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: MARCH 01, 2018			
	Effective date of dissolution if applicable: MARCH 01, 2018			
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	■ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.			
	☐ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:			
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)			
	Signature: (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)			
	MOE MALEKI			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			