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COVER LETTER

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TULIUS LOPEZ (Name of Person) SHERVI F.N.C (Name of Firm/Company) 537.N. Serrous Block (Address) Ulanda FL. 3280+ (City/State and Zip Code) For further information concerning this matter, please call:	TO: Amendment Section Division of Corporations
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JULIUS LOPEZ (Name of Person) SHERVI F. W. C (Name of Firm/Company) 537. N. Sermon Blod. (Address) Ollowlo FL. 32807 (City/State and Zip Code) For further information concerning this matter, please call:	SUBJECT: SHERVI I.N.C. (Name of Corporation)
Please return all correspondence concerning this matter to the following: JULIUS LOPEZ (Name of Person) SHERVI F. N. C (Name of Firm/Company) 537. N. Sermonon Blod. (Address) Orlando FL. 32807 (City/State and Zip Code) For further information concerning this matter, please call:	DOCUMENT NUMBER: 00006
Jukius hopez (Name of Person) SHERVI F.N.C (Name of Firm/Company) 537.N. Semon Blod. (Address) Ollando FL. 32807 (City/State and Zip Code) For further information concerning this matter, please call:	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
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SHERVI F. W. C (Name of Firm/Company) 537. N. Sernoron Blod. (Address) Clouds. FL. 3280+ (City/State and Zip Code) For further information concerning this matter, please call:	Julius LOPEZ
City/State and Zip Code) For further information concerning this matter, please call:	SHERVI - F.N.C
(City/State and Zip Code) For further information concerning this matter, please call:	537. N. Semoion Blod. (Address)
A C	
Julius bjoe at (407) 3802646 After 3;00 pm (Name of Person) (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
	Julius from at (407) 380 2646 After 3;00 pm (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Olya Lopez hereby r	esign as Vice-President (DV
of Shervi, Inc.	,
P00000 9202/ a corporation orga	nized under the laws of the State of
(Document Number, if known) Floricle, USA.	•
And Day	ah)

(Signature of resigning officer director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 07 OCT -8 AM 10:

APPROVEL AND FILED