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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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08/27/04--01047--011 **52.50

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TO: Amendment Section Division of Corporations Dissolution of Corporation **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Certificate of Status

STREET ADDRESS:

Certified Copy (Additional copy is

enclosed)

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Certificate of Status &

Certified Copy (Additional copy is

enclosed)

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:	• •
	Perfect Service Industries, Inc.	
SECOND:	The document number of the corporation (if known):	₹,,
THIRD:	The date dissolution was authorized: 8-1-04	
	Effective date of dissolution if applicable: 8-1-04 (no more than 90 days after dissolution file date)	1
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 of 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	
	A 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	(voting group) (voting group)	
	Signed this 5 day of FILIQUET	-
	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) Eric Voorheis	٠. ،١
	(Typed or printed name of person signing) Owner President (Title of person signing)	4 ***

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: Perfect Service Industries, Inc.	
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:	
	-
	-
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	**
20 S Murtle Ave	
SSE	STEE STEE
TOF S	A gi hi
ORIO RIO	<u> </u>
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.	
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