P01000085705

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of U.S. Visa Confer, Incorp.
DOCUMENT NUMBER: P0/000085705
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Svejda (Name of Contact Person)
(Name of Contact Person)
U.S. Visa Center (Firm/Company)
2869 Falling Tree Circle (Address)
Orlando, FL. 32837 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (407) 251-0136 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

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 the Florida Department of State:
	U.S. Visa Center, Incapporated
SECOND:	The document number of the corporation (if known): P01000085705
THIRD:	The file date the articles of incorporation: $08/24/01$
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.
Signa	(By a director, president or order office) 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.) Compared to the court of the court of the person signing

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:_	$\mathcal{U}_{i} \geq_{i}$	139	Confer,	Ing.	
Date of dissolution will specified in the Articles	be the date the dis		,		

Description of information that must be included in a claim:

Amount of claim, person owed money,
copy of contract or a greement properly signed by all parties, address of claimans
signed by all parties, address of claiman

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Paul Svejda	
3956 Town Center Blad.	
Sulfa 447	
Orlando, Florida 32837	

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