P0200003569

(Reque	estor's Name)	
(Addre	ss)	
•	,	
(Addre	SS)	
(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
		
(Busine	ess Entity Name)
(Docur	nent Number)	
Certified Copies	Certificates r	of Status
Cerimed Copies	Continuesco	
Special Instructions to Filir	ng Officer:	
		Ì

Office Use Only



600021483636

07/18/03--01029--004 **35.00

03 JUL 18 PM 2: 32
ECRETARY OF STATE
ANIASSEE, FLORIDA

DISSOLUTION - 1/23/03

(wk.) 813-978-6496 To Whom It May Concern Subject: Covering Letter.

Contact Name

Atif M. Qureshi

Contact No.

813-984-6101

Contact Return Address

13415 Thomasville Circle, Tampa, Florida, 33617

Attach is Form 607.1401 for article of dissolution of Florida profit corporation & a check for \$35.00 filing fees for the article of dissolution.

Please let me know if I am missing any information or forms.

Thanks Sincerely,

Atif M. Qureshi

President/Officer/Director

Mlumsh.

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: A 4 N SQLUTIONS INC.
SECOND:	The filing date of the articles of incorporation was: MARCH-22-2002
THIRD:	(CHECK ONE)
	☐ None of the corporation's shares have been issued.
	The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid.
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE) A majority of the directors authorized the dissolution.
SIXTH:	Adoption of Dissolution (CHECK ONE)
	☐ A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sig	gned this 2^{nol} day of $July$, 2003 .
Signatur	(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)
	ATIF M. QURESH (Typed or printed name)
	Officer/DIRECTOR