PDZDDDDMMZ

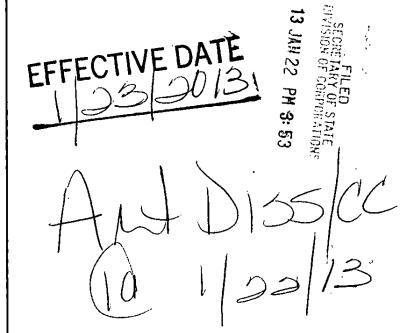
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

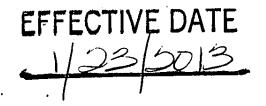
Division of Corporations
SUBJECT: DESSOLUE Best A Team Cleaning Servi
DOCUMENT NUMBER: <u>P02000 96692</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brinda Burgess (Name of Contact Person)
POST A Team Changer Service Inc. (Firm/Company)
P.O. Box 540906 (Address)
Orlando Floreda 32854 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 201-5677 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

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

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



FIRST:



ARTICLES OF DISSOLUTION .

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:

	Best A Team Cleaning Service Inc.			
SECOND:	The document number of the corporation (if known): Po20009669	12		
THIRD:	The date dissolution was authorized: 1/16/2013			
	Effective date of dissolution if applicable: 1/23/2013 (no more than 90 days after dissolution file)	e date)		
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			
	CEO and vace President	_ g		
	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) (Typed or printed name of person signing)	SECRETARY OF STATE VISION OF CORPORATIONS 3 JAN 22 PM '9: 53		
	(Title of person signing)			

Filing Fee: \$35