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COVER LETTER

TO: Amendment Section Division of Corporations POTENGY SERVICES, INC. SUBJECT: P03000005571 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **NEUZA CESAR** (Name of Contact Person) ATPLUS OF MIAMLING (Firm/Company) 8180 NW 36ST, SUITE 407 (Address) DORAL,FL,33166 (City/State and Zip Code) For further information concerning this matter, please call: NEUZA 786 420 2909 at ((Name of Contact Person) (Area Code) (Davtime Telephone Number) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy

enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

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

enclosed)

(Additional copy is

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 Florida Department o POTENGY SERVICES,INC.	f State:		
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requiren not be listed as the document's effective date on the Department of State's records.			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	 Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. 	for dissolution		
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled		
	The number of votes east for dissolution was sufficient for approval by	10 JUH 25		
	(voling group)	S AH 6: 45		
	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)			
	JOSE SILVA			
	(Typed or printed name of person signing)			
	Р			
	(Title of person signing)			

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: POTENGY SERVICES,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: CLOSED ACTIVITIES Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. JOSE SILVA Printed Name of the Person Filing