

PO3 000056419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

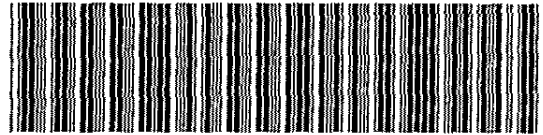
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700038004587

06/21/04--01073--001 \*\*35.00

FILED  
04 JUN 21 PM 3:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

PS 6/28/04  
Diss w/notice

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALPHA INTERNATIONAL BUSINESS SOLUTIONS INC.

**DOCUMENT NUMBER:** P03000056419

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALTER STUBER & ROSTYSLAV SHILLER

(Name of Person)

ALPHA INTERNATIONAL BUSINESS SOLUTIONS INC

(Name of Firm/Company)

4527 SHERIDAN AVE,

(Address)

MIAMI BEACH, FL 33140

(City/State/and Zip Code)

For further information concerning this matter, please call:

ROSTYSLAV SHILLER

(Name of Person)

at ( 786 ) 326-3402

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

*DL*

*DRS*

## 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

ALPHA INTERNATIONAL BUSINESS SOLUTIONS INC

SECOND: The document number of the corporation (if known): P03000056419

THIRD: The date dissolution was authorized: June 4, 2004

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution filed)

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.

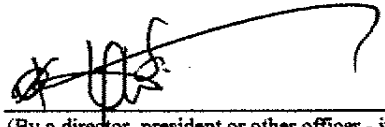
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

2 (TWO) VOTES - 100% SHARES VOTED FOR DISSOLUTION

(voting group)

Signed this 4 (forth) day of JUNE, 2004.

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)

WALTER STUBER / ROSTYSLAV SHILLER

(Typed or printed name of person signing)

DIRECTOR / DIRECTOR

(Title of person signing)

**Filing Fee: \$35**

FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## 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: ALPHA INTERNATIONAL BUSINESS SOLUTIONS 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:

NAME, ADDRESS OF THE COMPANY OR INDIVIDUAL AND THE DETAILED DESCRIPTION OF CHARGE

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

4527 SHERIDAN AVE

MIAMI BEACH, FL 33140

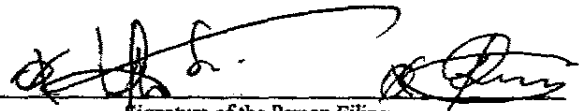
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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

WALTER STUBER / ROSTYSLAV SHILLER

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