P03000077410

(Requestor's Name)
(Address)
(Address)
(Ĉity/Ŝtate/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



000056553370

08/08/05--01039--007 **43.75

FILL U 05 AUG -8 AM 9: 55 SHURLTARY OF STATE TALLAHASSEE, FLORIDA

DUSCUST 15,05

COVER LETTER

Division of Corporations				
SUBJECT: Dissolution				
DOCUMENT NUMBER: P03000077410				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Bill Ramos				
(Name of Person)				
(Name of Firm/Company)				
901 SW Martin Downs Blvd				
(Address)				
Palm Clty, FL. 34990				
(City/State/and Zip Code)				
For further information concerning this matter, please call:				
Bill Ramos at (772	2) 426-9955			
(Name of Person) (Are	a Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$\sum \$43.75 Filing Fee & \$\sum	py Certificate of Status &			
MAILING ADDRESS: Amendment Section	STREET ADDRESS:			
Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	409 E. Gaines Street			
Tallahassee, Florida 32314	Tallahassee, Florida 32399			

EFFECTIVE DATE AU9 15,05

ARTICLES OF DISSOLUTION

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

FIRST:		rporation as currently filed wi	-	t of State:		
	MARTIN SE	RVICES GROUP,	INC.	•		
SECOND:	The document num	The document number of the corporation (if known): P03000077410				
THIRD:	The date dissolution	The date dissolution was authorized: 07/15/2005				
	Effective date of di	ssolution <u>if applicable:</u> 08/1	5/2005			
		(n	o more than 90 days after dissoluti	on file date)		
FOURTH:	Adoption of Dissol	ution (CHECK ONE)				
	✓ Dissolution was was sufficient f	s approved by the shareholders or approval.	s. The number of votes cas	st for dissolution		
	Dissolution was	s approved by of the sharehold	lers through voting groups	5.		
		ment must be separately provi on the plan to dissolve:	ded for each voting group	entitled		
	The number of votes	s cast for dissolution was suffi	cient for approval by			
	Shareholde	rs				
		(voting group)				
	Signed this 15th	day of July				
	limi -					
	Signature:					
		resident or other officer - if directors or if in the hands of a receiver, trustee, or				
	William D Ra	imos				
	Ö	Typed or printed name of person signing	i)	‡g 9		
	President		LLAII	FIL 05 AUG -8 SECRETAR		
		(Title of person signing)	- Don	FILEI		
		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: MARTIN SERVICES GROUP, 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:
Full name of original creditor
Exact amount of original amount(s)
Exact date of original claim
Exact account number from original claim
Exact contact information for original creditor and or agent(s
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 901 SW Martin Downs Blvd Palm Clty, FL. 34990
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.
William D Ramos 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