P03000146754

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DMF STAFFING, INC DISSO	LUTION
DOCUMENT NUMBER: P03000146754	1
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Brian Scheuring	
(Name o	of Contact Person)
DMF Staffing, Inc.	
(Fi	irm/Company)
1130 Sylvertis	
(Address)
Waterford, MI 48328	
(City/S	tate and Zip Code)
For further information concerning this m	natter, please call:
Brian Scheuring	at (²⁴⁸) 674-0020 X-208
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
	Certified Copy (Additional copy is enclosed) \$\mathbb{\mathbb{K}}\$\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

FL014 - 09/16/2005 C T System Online

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF DISSOLUTION FILED

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Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation the following articles on: SECRETARY OF STATE TALLAHASSEE, FLORIDI	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	DMF STAFFING, INC.	
SECOND:	The document number of the corporation (if known): P03000146754	
THIRD:	The date dissolution was authorized: 09/30/2011	
	Effective date of dissolution if applicable: 09/30/2011	
	(no more than 90 days after dissolution file 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 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	
	(voting group)	
•		
	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)	
,	Mary Smith	
	(Typed or printed name of person signing)	
	President	
	(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.

M. CO	DMF STAFFING INC	
Name of Corp	rporation: DMF STAFFING, INC.	
	olution will be the date the dissolution is filed with the Department of State or as the Articles of Dissolution.	
Description of	of information that must be included in a claim:	
Individual or C	Company Name	
Address, City,	, State, Zip	······································
Amount of Cla	laim	
Reason for Cla	laim	
Mailing addre	ress where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
	1130 SYLVERTIS	
	WATERFORD, MI 48328	
	inst the above named corporation will be barred unless a proceeding to enforce the claims after the filing of this notice.	n is commenced
Mary Smith	MATTIN	mila
	Printed Name of the Person Filing Signature of the Person Fili	ng

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00