P04000015705

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/09/05--01024--004 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Zilkya Accounting Services, Inc.

DOCUMENT NUMBER: P04000015705

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

Please return all correspondence concerning this matter to the following:

Zilkya M. De Jesus
(Name of Person)

Zilkya Accounting Services, Inc.
(Name of Firm/Company)

P.O. Box 160231
(Address)

Altamonte Springs, Florida 32716-0231
(City/State/and Zip Code)

For further information concerning this matter, please call:

Zilkya M. De Jesus at (407) 339-2492
(Name of Person) (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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 of State:

Zilkya Accounting Services, Inc.

SECOND: The document number of the corporation (if known): P04000157O5

THIRD: The file date of the articles of incorporation: January 21, 2004

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TALLAHASSEE, FLORIDA

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 30th day of June, 2005.

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.)

Zilkya M. De Jesus
(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.

Name of Corporation: ZilKya Accounting 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:

Proof of debt claim via Signed contract.
Dates pertaining to said debts.
Names + address of said Creditor who accrued said debt and by Signed Name and Address of such individual.
(* Due to critical illness, Corporation was never active nor Profitable.)

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

ZilKya M De Jesus
P.O. Box 160231
Altamonte Springs, Florida 32716-0231

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.

ZilKya M De Jesus
Printed Name of the Person Filing

ZilKya M. De
Signature of the Person Filing

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