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TRANSMITTAL LETTER

TO:	Amendment Section
	Division of Corporations
SURT	ECT: EVOLVED SOLUTIONS, INC
зора	
DOC	UMENT NUMBER: P04000072042
The er	nclosed Articles of Dissolution and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
1 loube	l
REBE	CCA YU
	(Name of Person)
	<u> </u>
EVOL	VED SOLUTIONS, INC
	(Name of Firm/Company)
1280.5	OUTH ALHAMBRA CIRCLE, SUITE 2312
1200 €	(Address)
	(1.1041-255)
CORA	L GABLES, FL 33146
	(City/State/and Zip Code)
For fu	rther information concerning this matter, please call:
DCDE	004.741
KEBE	CCA YU at (305) 665-5355 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:
2 \$35	Filing Fee \$\Bigs \$43.75 \text{ Filing Fee & }\Bigs \$52.50 \text{ Filing Fee,}
	Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy
	enclosed) (Additional copy is
	enclosed)
	CHAPTER AND PROC
	MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 409 E. Gaines Street
	Tallahassee, Florida 32314 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 Department of State: EVOLVED SOLUTIONS, INC. SECOND: The document number of the corporation (if known): P04000072042 The file date of the articles of incorporation was: 05/03/2004 THIRD: 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. Adoption of Dissolution (CHECK ONE) SEVENTH: A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. Signed this 14 day of DECEMBER Signature: 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.) XIFEN YU (Typed or printed name of person signing) INCORPORATOR

Filing Fee: \$35

(Title of person signing)

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: EVOLVED SOLUTIONS, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
1. Proof of any indebtedness of Evolved Solutions, Inc.;
2. Original signature of authorized officer of Evolved Solution, Inc. on related contract;
3. Detailed Description of the situation with respect to the occurrence of the contract,
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Gables Estates Tax & Accounting Services, P. A.
1280 SOUTH ALHAMBRA CIRCLE, SUITE 2312
CORAL GABLES, FL 33146
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.
XIFEN YU X
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