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## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: Abrahami Services, Inc Dissolution
DOCUMENT NUMBER: <u>PO4000128612</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ori Abrahami (Name of Person)
Abrahami Services Inc. (Name of Firm/Company)
7061 W. Commercial Bly. # 5G.
Tamarae, FL 33319 (City/State/and Zip Code)
For further information concerning this matter, please call:
Ori Abrahami at (954) 295-3724  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare{1}\$\$43.75 Filing Fee & \$\bigsquare{1}\$
MAILING ADDRESS:  Amendment Section  Division of Corporations  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:
	Abrahami Bruices Inc
SECOND:	The document number of the corporation (if known): POH aso 1286 (2
THIRD:	The file date the articles of incorporation: 9 10 64
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.
Si	gned this 28 day of Wovembor, 2005
Sign	ature:  (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.)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35