

P04000129936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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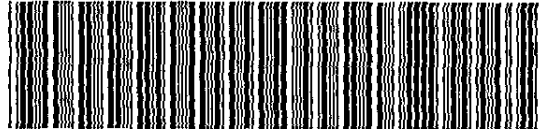
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

diss.
C. Coulliette JUL 28 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Disolution for Servicios Integrals Inc.

DOCUMENT NUMBER: P040 00 12 99 36

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

Please return all correspondence concerning this matter to the following:

Hector A. Colon

(Name of Person)

Servicios Integrals Inc.

(Name of Firm/Company)

2302 Lily Pad Lane

(Address)

Kissimmee FL 34743 - 3696

(City/State/and Zip Code)

For further information concerning this matter, please call:

Hector A. Colon

(Name of Person)

at

(407)

702 - 7316

(407)

744-0602

(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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Servicios Integrales Inc.

SECOND: The document number of the corporation (if known): P04000129936

THIRD: The file date of the articles of incorporation: _____

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**

(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signed this 25 day of July, 2005

Signature: _____

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Hector A. Colón

(Typed or printed name of person signing)

Vice President

(Title of person signing)

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TREASURER, FLORIDA

Filing Fee: \$35