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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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FILED
2009 JUN 15 PM 4: 23
SECRETARY OF STATE
TALLAHASSEE. FLORID

6/17/05

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of GETS Mian Consulting, In
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ATP OUR SERVICES, Inc.
(Name of Contact Person)
7/8 Ave X
(Firm/Company) 7/8 Ave X (Address) (City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
eine Zacoroduyur (646) 785-1334
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status \$\sum \\$(Additional copy is enclosed)\$\$ \$\sum \\$35 Filing Fee & \sum \\$\$52.50 Filing Fee, Certificate of Status & Certificate of Stat
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



Pursuant to section 607.1401, Florida Statutes, this Florida profit corporate submits the following carrieles of dissolution:

ARTICLES OF DISSOLUTION.

	10MD/:
FIRST:	The name of the corporation as currently filed with the Florida Department of State: GETS MIAMI CONSULATING INC.
SECOND:	The document number of the corporation (if known): P0500005278
THIRD:	The file date of the articles of incorporation: 04-08-2005
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.
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a acceiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing) (Typed or printed name 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. Couse Hing, 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.