(Requ	estor's Name)		
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(City/S	State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates	s of Status	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: R&T Gervices International, Inc
DOCUMENT NUMBER: PØ5ØØØØ5A279
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacqueline Donzes (Name of Contact Person)
Thtil Brainess Relocation (Firm/Company)
10151 University Blud #127
Onloo FL 32817 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 447-0248  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\times \\$43.75 Filing Fee & \times \\$43.75 Filing Fee & \times \\$52.50 Filing Fee,  Certificate of Status & Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## 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	e;	
	R&T Services International,	in	_
SECOND:	The document number of the corporation (if known): PO5000542	79	
THIRD:	The file date the articles of incorporation: 04 /12/2005		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.	<del>I</del> s	ç
The corporation has not commenced business.		ECRE!	טערי
FIFTH: No debt of the corporation remains unpaid.		ARY SSE	•
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	RETARY OF STATE AHASSEE, FLORID	•
SEVENTH:		>	
	☐ A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
	·		
Signa	ature: Poola A: 55 3000 (By a director, president or other officer - if directors or officers have not been selected, by an incorporate		
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	<b>2</b> - H	
	PAOLA AR STIZABAL (Typed or printed name of person signing)		
	(Title of Person Signing)		

Filing Fee: \$35

FILCI