P05000154901

| • | | |
|---------------------------|-------------------|--|
| (Re | questor's Name) | |
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e#) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| • | • | -, |
| (Do | cument Number) | |
| . Certified Copies | Certificate | s of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | e de la composition della comp |
| | | |

Office Use Only



900081248379

11/01/06--01014--018 **35.00

LLAHASSEE, FLORIDA

NOV -8 PH 12:

diss

C. Coulilette NOV 0 8 2006



November 2, 2006

KV CARRIER SERVICES 9657 NW SOUTH RIVER DR., #6 MEDLEY, FL 33166

SUBJECT: FREELANCER INC Ref. Number: P05000154901

We have received your document for FREELANCER INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You cannot file a revocation for a dissolution when there has not been a dissolution filed with this office. I think you are possibly just trying to dissolve the corporation instead. If this is the case, you need to go to sunbiz.org and download the articles of dissolution form, complete it and send it back in with a copy of this letter to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 206A00064831

COVER LETTER

TO: Amendment Section

| Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: FREELAN | · | | | | |
| DOCUMENT NUMBER: <u>P05000/5490/</u> | | | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | | | |
| Please return all correspondence concernin | g this matter to the following: | | | | |
| KV CA 9657 NV | Contact Person) ARRIER SERVICES W South River Dr # / adleyn Flany 33166 305) 883-6262 | | | | |
| (A | ddress) | | | | |
| (City/Sta | ate and Zip Code) | | | | |
| For further information concerning this ma | tter, please call: | | | | |
| KV CARRIER SERVICES 9657 NW South River Dr #/ (Name diev Fit 33166 (Name diev Fit 33166) (305) 883-6262 | at ()(Area Code & Daytime Telephone Number) | | | | |
| (305) 883-6262 Enclosed is a check for the following amounts | | | | | |
| | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) | | | | |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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 | of State: | |
|---------|--|-------------|---------------|
| | FREE LANCER, INC. | | |
| SECOND: | : The document number of the corporation (if known): PO5000/55 | 1901 | |
| THIRD: | The date dissolution was authorized: 10/16/06 | | |
| | Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution | file date) | - |
| FOURTH: | : Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. | for disso | olution |
| | Dissolution was approved by the shareholders through voting groups. | | |
| | The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve: | ntitled | |
| | The number of votes cast for dissolution was sufficient for approval by | SEURETARY O | |
| | | 1-8 ARY | FIL |
| | (voting group) | OF STA | ED |
| | Signature: (By a director, president or other officer - if directors or officers have not been selected, by | 5 | |
| | an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | | |
| | Ernesto Acosta . (Typed or printed name of person signing) | | |
| | Prisident (Title of person signing) | | |

Filing Fee: \$35