P05000100510

| (Re | questor's Name) | |
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| (Åd | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | ÷#) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

ANDISSIN notice



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02/16/06--01022--014 **35.00



COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: I and S of Florida, Inc. | |
| DOCUMENT NUMBER: P05000160570 | |
| The enclosed Articles of Dissolution and fee | are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| APPLANTS IN 160 | |
| ADRIAN MULKO (Name of Contact F | Person) |
| | |
| ACCOUNTING MADE EZ, INC. | |
| (Firm/Compan | y) |
| 3800 S. OCEAN DR #217 (Address) | |
| HOLLYWOOD, FL 33019 | |
| (City/State and Zip | Code) |
| For further information concerning this matter, p | elease call: |
| ADRIAN MULKO at 9 | 54-456-0470 |
| | Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| Certificate of Status | \$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) |

TO: Amendment Section

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

m- Ile 12/1/06

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 | |
|----------|--|--|
| | l and S of Florida, Inc. | |
| SECOND: | The document number of the corporation (if known): P05000160570 | |
| THIRD: | The file date of the articles of incorporation: 12/8/2005 | |
| FOURTH: | (CHECK AT LEAST ONE BOX) | |
| | None of the corporation's shares have been issued. | |
| | (CHECK AT LEAST ONE BOX) X None of the corporation's shares have been issued. The corporation has not commenced business. No debt of the corporation remains unpaid. | |
| 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) | |
| | X A majority of the incorporators authorized the dissolution. | |
| | A majority of the directors authorized the dissolution. | |
| | | |
| | | |
| | | |
| Signatu | ire: | |
| . | (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.) | |
| | incorporator - if in the mands of a receiver, flustee, or other count appointed flustering by that flustering | |
| | Osana Hel-a | |
| | (Typed or printed name of person signing) | |
| | Propoder t | |
| | (Title 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. | |
|--|--|--|
| Name of Corpora | ition: I and S of Florida, Inc. | |
| | on will be the date the dissolution is filed with the Department of State or as 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) | |
| | 11401 PINES BLVD #742 | |
| | PEMBROKE PINES, FL 33026 | |
| | | |
| A claim against t | ne above named corporation will be barred unless a proceeding to enforce the claim | |
| • | ithin 4 years after the filing of this notice. | |
| OSAMA HALUM | | |
| | rinted Name of the Person Filing Signature of the Person Filing | |