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## **COVER LETTER**

Division of Corporations				
SUBJECT: Dissolution of Your IT Solutions Inc.				
DOCUMENT NUMBER: P0600030099				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Steven M Murphy (Name of Contact Person)				
Your IT Solutions Inc				
(Firm/Company)				
PALM BEACH GAVAENS, FL 33410  (City/State and Zip Code)				
For further information concerning this matter, please call:				
Steven Murphy at (561) 838-4644 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$\text{\$\subset\$35 Filing Fee } \$\subset\$\$\subset\$43.75 Filing Fee & \$\subset\$				
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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	f State:	:		
	Your IT Solutions, Inc.				
SECOND:	The document number of the corporation (if known): P0600030099				
THIRD:	The date dissolution was authorized: April 17, 2008				
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution	file date)	<del>)</del>		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for diss	solution		
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled			
	The number of votes cast for dissolution was sufficient for approval by				
	Steven Murphy				
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by any incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	08 APR 21 PH 1: 29	SECRETARY OF STATE OF COMPORATIONS		
	Teven Wurphy (Typed or printed name of person signing)				
	(Typed or printed name of person signing)  President  (Title of person signing)				

Filing Fee: \$35