PO6000041659

| (Requestor's Name) | |
|---|---------------------------------|
| (Address) | 90011255941 <u>9</u> |
| (City/State/Zip/Phone #) | 11 Europadas Marinangara (saran |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 12/03/0701045013 ***43.75 |
| (Document Number) | |
| Certified Copies Certificates of Status | SECRE TALLAR |
| Special Instructions to Filing Officer: | ASSEE |
| - | AMID: 01 OF STATE E. FLORID: |
| | |
| , | |

XXXXXX

COVER LETTER

. TO: Amendment Section

| Division of Corporations | | |
|--|---|--|
| SUBJECT: ORLANDO BES | - Services INC | |
| | | |
| DOCUMENT NUMBER: | 0041639 | |
| The enclosed Articles of Dissolution and fee a | re submitted for filing. | |
| Please return all correspondence concerning this | is matter to the following: | |
| CAROLINA | e Larson | |
| (Name of Contact Person) | | |
| LARSON Acc (Firm/Co | COUNTING & CONSULTING SUCS OMPANY) | |
| କଥାନ ଓଡ | ennopry Cir Ste 40 | |
| (Addre | ess) | |
| ORLANDO | fi_ 32819 | |
| (City/State a | FL 32819 nd Zip Code) | |
| For further information concerning this matter, please call: | | |
| Caroline Largon (Name of Contact Person) | at (407) 370-3686 | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | | |
| Certificate of Status (/ | \$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) (Additional copy is enclosed) | |
| MAILING ADDRESS: | STREET ADDRESS: | |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | 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 State: |
|---------|---|
| | ORLANDO BEST SERVICES INC |
| SECOND: | The document number of the corporation (if known): PO 60000 41659 |
| ΓHIRD: | The date dissolution was authorized: 112707 |
| | 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 for dissolution was sufficient for approval. |
| | Dissolution was approved by the shareholders through voting groups. |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: |
| | The number of votes cast for dissolution was sufficient for approval by |
| | |
| | (voting group) |
| | Signature: X ayuu W Vianna |
| | (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) |
| | JAYNE VIANNA |
| | (Typed or printed name of person signing) |
| | Paesident |
| | (Title of person signing) |

Filing Fee: \$35