P04000076145

(Re	equestor's Name)	
(Ac	idress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	. MAIL
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SECRETARY OF STATE
TABLEHIASSEE FLORIE

AHM

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CLOSING CORPORATIO	DW
DOCUMENT NUMBER: 706000 76165	
The enclosed Articles of Dissolution and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
ADRIANA FRONCO (Name of Contact Person)	
(Name of Contact Person)	
South Florida ON CALL	Strvice
LETHING CHINING	
11021 SW 155 Place	
(Address)	
ma Ala 33196	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ADIZIAWA FIZONCO at (305) (Name of Contact Person) (Area (3827945
(Name of Contact Person) (Area (Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S35 Filing Fee \$\Bigs\\$43.75 Filing Fee & \$\Bigs\\$43.75 Filing I Certified Copy (Additional copenclosed)	
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 State:
	South Florist a oneall services Corp.
SECOND:	South Florist Oneall Services Corp. The document number of the corporation (if known): PO6000076165
THIRD:	The date dissolution was authorized:
	The date dissolution was authorized: 1(-/3-06 1/
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: (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)
	ADRIANT MANCO
	ADRIANH FRANCO (Typed or printed name of person signing) President
	(Title of person signing)

Filing Fee: \$35