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### Florida Department of State

Division of Corporations Public Access System

### Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335

: (305)599-0839

Phone Fax Number

: (305)716-0346

# DISSOLUTION OR WITHDRAWAL

YOHAN SERVICES, CORP.

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$35.00

Rections Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF DISSOLUTION Purs lant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following article of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRET: The document number of the corporation (if known): POG 0000 96/20 SECOND: The date dissolution was authorized: THE WO: Effective date of dissolution if applicable: FOURTH: Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes east 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 east 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) CHAIRMAN-PRESIDENT

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 Corporate Dissolution is SERVICES, CORP.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Dust ription of information that must be included in a claim:

N. UST Have: INVOICE DATE and Amount

Description of ITEMS, QUANTITY

and/or Services Provided

Mai ingladoress where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Marietta Do Armas

14472 Sw. 1074 STREET

MIAMI FL. 331844

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced.

A of tim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced with a 4 years after the filling of this notice.

Marietta De Armas

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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