

Division of Corporations . Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

; (850)617-6380

From:

Account Name

: PAGIO'S TAX SERVICES

Account Number: 120100000043

Phone

: (305)397-8553

Fax Number

: (305)397-8521

DISSOLUTION OR WITHDRAWAL HAMSA SERVICES INC

Certificate of Status	0
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Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HAMSA SERVICES, INC
DOCUMENT NUMBER: P 06000123371
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LUIS PRIETO (Name of Contact Person)
(Marine of Contact) of Sally
HAMSA SERVICES, INC
(Firm/Company)
601 THREE ISLAND, STE 303 (Address)
•
HALLANDALE BEACH, FL 33009
(City/State and Zip Code)
For further information concerning this matter, please call:
LUIS PRIETO at (786) 277-7265 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
x \$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 Filing Fee \$ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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ATX1

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:
SECOND:	The document number of the corporation (if known): P 08000123371
THIRD:	The date dissolution was authorized: 8/17/2010
	Effective date of dissolution if applicable: (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:
	(By a director, president or other officer - if directors or officers have not been selected, by an imporporator - if in the hands of a receiver, trustee, or other court appointed tiduciary, by that fiduciary)
	LUIS A. PRIETO (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

SECRETARY OF STATE OF A NO. 10 AUG 18 PM 1: 21

Filing Fee: \$35

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Notice of Corporate Dissolution

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 Corporation: HAMSA SERVICES, INC
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the 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)
601 THREE ISLAND, STE 303
HALLANDALE BEACH, FL 33009
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filling of this notice.
Julia /

Printed Name of the Person Filing

LUIS A. PRIETO

Signature of the Person Filing