# P06000143703

| W is is (Ad             | questor's Name)  Lorna Wilson B5 Heartwellville St NW Im Hay, FI. 32907  dress) | i        |
|-------------------------|---|----------|
| (Cit                    | y/State/Zip/Phone #   | f)       |
| PICK-UP                 | WAIT  | MAIL     |
|                         |   | ·<br>: : |
| (Bu                     | siness Entity Name  | )        |
|                         | :   |          |
| (Do                     | cument Number)  | , ,      |
| Certified Copies        | Certificates o  | f Status |
| Special Instructions to | Filing Officer:   |          |
|                         |   |          |





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### **COVER LETTER**

| <b>TO:</b> Amendment Section Division of Corporations  |  |
|--|--|
| SUBJECT: NOTICE OF CORPORATE   | Dissolution                                |
| DOCUMENT NUMBER: <u>P0600014370</u>  | 3  |
| The enclosed Articles of Dissolution and fee are submitted for   | or filing.                                 |
| Please return all correspondence concerning this matter to the   | following:                                 |
| LORNA WILDN<br>(Name of Contact Person)  |  |
|  |  |
| A SERVIA SERVICES IN (Firm/Company)  | (C).                                       |
|  |  |
| 1885 HEARTWELLVILLE  | STNW                                       |
| (Address)  |  |
| (City State and Zip Code)  | 10' /                                      |
| For further information concerning this matter, please call:   |  |
|  | Ode & Daytime Telephone Number)            |
|  | ode & Daytime Telephone Number)            |
| Enclosed is a check for the following amount:  |  |
| \$\sumsymbol{\simsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol | Certificate of Status &                    |
| 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2009

MS. LORNA WILSON 1885 HEARTWELLVILLE STREET PALM BAY, FL 32907

SUBJECT: ALSERVIA SERVICES INCORPORATED

Ref. Number: P06000143703

We have received your document for ALSERVIA SERVICES INCORPORATED and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

X

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 409A00023274

Division of Cornerations - P.O. ROY 6397 - Tallahassee Florida

# 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:  |  |  |  |  |  |
|---------|---|--|--|--|--|--|
|         | ALSERVIA SERVICES INCOAPORATED  |  |  |  |  |  |
| SECOND: | The document number of the corporation (if known): Paper 143703   |  |  |  |  |  |
| THIRD:  | The date dissolution was authorized: 611109   |  |  |  |  |  |
|         | Effective date of dissolution <u>if applicable</u> : 7109 (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 incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) |  |  |  |  |  |
|         | LORNA WILSON (Typed or printed name of person signing)  |  |  |  |  |  |
|         | PRESIDENT (Title of person signing)   |  |  |  |  |  |

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 Corporation:                                   | ALSERVIA                                      | SERVICES                   | INCOR              | PORATED                    |
|--|---|----------------------------|--------------------|----------------------------|
| Date of dissolution wi specified in the <i>Article</i> | ll be the date the dissolutes of Dissolution. | tion is filed with the De  | partment of State  | or as                      |
| Description of informa                                 | ation that must be includ                     | ed in a claim:             |                    |                            |
| ALSERVIA   | A CERVICE                                     | es Indc.                   | has                | Commence                   |
| <b>DUSINES</b>   | 5 •   |                            |                    |                            |
|  |   |                            | -                  |                            |
|  |   |                            |                    |                            |
|  |   |                            |                    |                            |
| Mailing address where                                  | e claims can be sent: (Cla                    | aims cannot be sent to the | he Division of Co  | rporations)                |
|  | 1885  | HEARTU                     | ellville           | <u>St.NW</u>               |
|  | PAIM  | BAY, +1                    | _ 329              | 07                         |
|  |   |                            |                    |                            |
| <del></del>  |   |                            | <del></del>        |                            |
| A claim against the ab within 4 years after the        |   | will be barred unless a p  | proceeding to enfo | rce the claim is commenced |
| hoonia   | 10/1/000/                                     |                            |                    | 0,01                       |
| Print  | ed Name of the Person Filing                  | <u> </u>                   | Signature of       | the Person Filing          |