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## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** SUBJECT: M.S. Paralogal Services, Inc. **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Martha Stem
(Name of Contact Person) M.S. Paralogal Services, Inc.
(Firm/Company) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee \$\infty\$\$\$43.75 Filing Fee & \$\infty\$\$\$\$152.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle

Clifton Building

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	M.S. Paralogal Services, Inc.	
SECOND:	The document number of the corporation (if known):	38505
THIRD:	The file date of the articles of incorporation: $3/27/07$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	SEC!
FIFTH:	No debt of the corporation remains unpaid.	H GF ARI
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	FO STA
SEVENTH:	Adoption of Dissolution (CHECK ONE)	IONS 10NS
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	(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.)	
	(Typed or printed name of person signing)	
	President (Title of Person Signing)	

Filing Fee: \$35