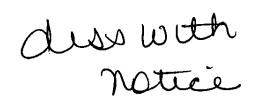
P07000053883

(Re	questor's Name))
(Ad	dress)	,
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
	_	,

Office Use Only



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08/25/11--01004--011 **35.00



Postelli Dielli

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: CAPITAL SERVICES ENTER	PRISES INC
DOCUMENT NUMBER: P07000053883	
The enclosed Articles of Dissolution and fee are subr	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Alberto J Ibarra	
(Name of Contact Pe	erson)
Alberto J Ibarra, PA	
(Firm/Company	y)
8405 NW 53rd St, Suite C-101	
(Address)	
Doral, FL 33166	
(City/State and Zip	Code)
For further information concerning this matter, please	call:
,	305 <u>477-9336</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Certificate of Status Certified (Addition enclose)	d Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to sec	ction 607.1403, Florida Statutes, this Florida profit corporation splants and following article		
of dissolution:	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	CAPITAL SERVICES ENTERPRISES INC.		
SECOND:	The document number of the corporation (if known): P07000053883		
THIRD:	The date dissolution was authorized: 06/15/2011		
	Effective date of dissolution <u>if applicable:</u> 06/30/2011 (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		
	N/A		
	(voting group)		
	,		
Sig	(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)		
<u>J</u> :	avier Arraiz		
P	(Typed of printed name 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: CAPITAL SERVICES ENTERPRISES 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: Name of Claimant Description and amount of debt Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Javier Arraiz 5970 WEST STRD 84, SOME 447 SCHRISE , FL 33326 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Javier Arraiz Printed Name of the Person Filing

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