P07000063734

(Red	questor's Name)	
(Add	dress)	
(Aut	aress)	
(Address)		
		
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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M/With notes

SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS

T. Roberto MAR 1.0.200

COVER LETTER

TO: Amendment Section Division of Corporations	_		
SUBJECT: JOSE TAMAYO SE	RVICES INC		
DOCUMENT NUMBER: P07000063734			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning	g this matter to the follow	/ing:	
JOSE TAMAYO			
(Name of Contact Person)			
(Firm	n/Company)		
9143 SW 77	AVE APT B107		
(Ai	ddress)		
MIAMI,	FL 33156		
	te and Zip Code)		
For further information concerning this mai	tter, please call:		
JOSE TAMAYO	at (_786) <u>5</u>	21-9137	
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)	
Enclosed is a check for the following amou	int:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divis Clift	EET ADDRESS: Indment Section Is sion of Corporations In Building Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following and of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	JOSE TAMAYO SERVICES INC
SECOND:	The document number of the corporation (if known): P07000063734
THIRD:	The date dissolution was authorized: MARCH 04, 2009
	Effective date of dissolution <u>if applicable:</u> (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)
	JOSE TAMAYO
	(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: JOSE TAMAYO SERVICES INC
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
INCLUDE FOR CLAIM:
NOMBRE OF THE CLAIM, AMOUNT, SUBJECT
AND THE ADDRESS.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
JOSE TAMAYO
9143 SW 77 AVE APT B107
MIAMI, FLORIDA 33156
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.

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

JOSE TAMAYO

Printed Name of the Person Filing