Po700069192

(Re	equestor's Name)	
(Ad	idress)	
. (Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;





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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: ARTICLES OF DISS	SOLUTION	
	· · ·	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: PO700006	9192	· ·
The enclosed Articles of Dissolution and f	ee are submitted for fili	ng.
Please return all correspondence concerning	g this matter to the follo	wing:
WILLY VALLE		
(Name of Contact Person)		
(F:	10	
(Firm/Company)		
7781 WEST 36th AVE # 2	ddress)	
HIALEAH, FLC	RIDA 33018	
	te and Zip Code)	
For further information concerning this mat	tter, please call:	
WILLY VALLE		343-8164
(Name of Contact Person)	(Area Code o	& Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Am Div Clif	EET ADDRESS: endment Section ision of Corporations ton Building 1 Executive Center Circle

Tallahassee, FL 32301

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 Stat	e:
	HOME BEST SOLUTION GROUP INC	
SECOND:	The document number of the corporation (if known): PO7000069192	
THIRD:	The file date of the articles of incorporation: 06/13/2007	
FOURTH:	(CHECK AT LEAST ONE BOX)	SE SE
	None of the corporation's shares have been issued.	08 MAR 17 SECRETAR TALLAHASS
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	AM 11: 56 OF STATE EE, FLORID
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	TE A
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
	:	
Sign	ature:	tor - if
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	WILLY VALLE	
	(Typed or printed name of person signing)	
	PRESIDENT (Title of Berron Siming)	

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: HOME BEST SOLUTION GROUP 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)
7781 WEST 36th AVE # 2 HIALEAH ,FL 33018

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
$\sim 10^{-10}$
WILLY VALLE Willy Outla
Printed Name of the Person Filing Signature of the Person Filing