## 6700013042

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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03/14/11--01008--017 \*\*70.00



## **COVER LETTER**

Division of Corporations				
SUBJECT: CORP. DISSOLUTION				
DOCUMENT NUMBER: P07000130427				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
HUMBERTO GONZALEZ				
(Name of Contact Person)				
GONZALEZ & DAUGHTERS PUBLIC ACCOUNTANTS				
(Firm/Company)				
11300 NW 87 CT SUITE 150				
(Address)				
HIALEAH GARDENS, FL 33018				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
HUMBERTO GONZALEZ at (786) 290-864  (Name of Contact Person) (Area Code & Daytim				
Enclosed is a check for the following amount:				
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52  Certificate of Status Certified Copy Certi (Additional copy is enclosed) (Add	50 Filing Fee, ficate of Status & fied Copy itional copy is osed)			
MAILING ADDRESS: STREET ADI				
Amendment Section Amendment S Division of Corporations Division of C				
P.O. Box 6327 Clifton Build	•			
	ve 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 Departmen	nt of State:
	SHAMIC SERVICES, CORP.	
SECOND:	The document number of the corporation (if known): P0700013042	7
THIRD:	The file date of the articles of incorporation: 12-10-2007	
FOURTH:	(CHECK A LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	77. S2. 22.
FIFTH:	No debt of the corporation remains unpaid.	LAIHA
SIXTH:	The net assets of the corporation remaining after winding up have been dis to the shareholders, if shares were issued.	March 4
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	AM 9: 02
	A majority of the incorporators authorized the dissolution.	% € 02 **
	✓ A majority of the directors authorized the dissolution.	
Sign	nature! Divinia Nelgado	
_	(By a director, president or other officer - if exectors or officers have not been selected, by an in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	incorporator - if
	DIONISIO J DELGADO	
	(Typed or printed name of person signing)	
	PRESIDENT, DIRECTOR	
	(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 titis corp	goration as provided in s. 607.1407, 1.5.		
This "Notice of	Corporate Dissolution" is optional and is not	required when filing a voluntary dissolution.	
Name of Corpo	ration: SHAMIC SERVICES, CO	RP	
	tion will be the date the dissolution is filed wit Articles of Dissolution.	th the Department of State or as	
Description of i	nformation that must be included in a claim:		
NAME, AD	DRESS AND PHONE NUMBER	<b>\</b>	
			<u></u>
Mailing address	s where claims can be sent: (Claims cannot be	sent to the Division of Corporations)	
	8803 NW 111 TERRACE		
	HIALEAH GARDENS, FL 330	18	
		* Mariana Cara Cara Cara Cara Cara Cara Cara C	
	the above named corporation will be barred ufter the filing of this notice.	inless a proceeding to enforce the claim is con	nmenced
DIONISIO	J DELGADO	Dionier Delyed	1 <u>~</u>
	Printed Name of the Person Filing	Signature of the Person Firing	_

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