

T Roberts SEP 14 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Allstates Employee Staffing, Inc.

**DOCUMENT NUMBER:** P08000058711

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristin Allison

(Name of Contact Person)

Allstates Employee Staffing, Inc.

(Firm/Company)

6400 N W St.

(Address)

Pensacola, FL 32505

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Jernigan

(Name of Contact Person)

at ( 850 ) 477-4449

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

09 SEP -8 AM 8:16

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:

Allstates Employee Staffing, Inc.

SECOND: The document number of the corporation (if known): P08000058711

THIRD: The file date of the articles of incorporation: 06/17/2008

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

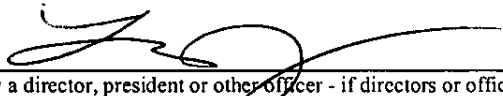
FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

Lisa Jerningan

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35