PD8000084027

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700184057237

08/16/10--01006--022 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISSOLUTION	1
DOCUMENT NUMBER: (207-1401	
The enclosed Articles of Dissolution and fee are sub	mitted for filing.
Please return all correspondence concerning this mat	ter to the following:
KIMBERLI MULQ (Name of Contact P	UEEN erson)
7-1 Family & Home (Firm/Compar	5 SOUTION 5
915 NEW WATERFO	ORD DR #203
NAPLES, FL	34104
(City/State and Zip	Code)
For further information concerning this matter, please	e call:
KIMBERU MULQUEEN at ((Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified Copy
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

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:
	AI Family & HOME SOLUTIONS
SECOND:	The document number of the corporation (if known): PD8600084U2
THIRD:	The file date of the articles of incorporation: SEPT 11, 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.
	Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution.
Sign	(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.)
	(Typed or printed name of person/signing)
	PRESIDENT/OWNER (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: PI Family & Home Solutions, 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:
NO Claims made
NO Claims made Company has lost money since opening.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
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.
KIMBERLIJ HULQUENI LEBY JA
Printed Name of the Person Filing Signature of the Rerson Filing

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