P800086166

(Ře	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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4/9/10

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION	
DOCUMENT NUMBER: P08000086166	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
OMAIDA DELGADO	
(Name of Contact Person)	
(Firm/Company)	
321 EAST 4TH ST Woit 4	
(Address)	
HIALEAH, FLORIDA, 33010	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
OMAIDA DELGADO at (305) 863-9281	
(Name of Contact Person) (Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
Stiling Fee \$\bigs\square\quare \$\square\q	
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	

ARTICLES OF DISSOLUTION

·	ARTICLES OF DISSOLUTION
Pursuant to sarticles of di	ARTICLES OF DISSOLUTION Section 607.1401, Florida Statutes, this Florida profit corporation submits the following 8 solution: The name of the corporation as currently filed with the Florida Department of State:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	CARIDAD O & T STAFFING SERVICES, CORP
SECOND:	The document number of the corporation (if known): P08000086166
THIRD:	The file date of the articles of incorporation: 09/19/2008
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.
Sign	ature: (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.) OMAIDA DELGADO (Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35