# P08000101663

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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02/10/15--01017--004 \*\*35.00

SECRETARY OF STAIL

213/15

#### **COVER LETTER**

Division of Corporations				
SUBJECT: DISSOLUTION OF CORPORATION				
DOCUMENT NUMBER: P08000101663				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
EVELIO SUAREZ				
(Name of Contact Person)				
I AND T PROFFESSIONAL SERVICE INC.				
(Firm/Company)				
3118 WEST 76 STREET				
(Address)				
HIALEAH, FL 33018				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
EVELIO SUAREZ at (786 ) 620-9878				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
□ \$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

### ARTICLES OF DISSOLUTION

15 FEB 10 AM 11: 12

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:  I AND T PROFFESSIONAL SERVICE INC.		
SECOND:	The document number of the corporation (if known): P08000101663		
THIRD:	The file date of the articles of incorporation: 11/14/2008		
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.)		
	EVELIO SUAREZ		
	(Typed or printed name of person signing)		
	PRESIDENT (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 Corpo	oration: I AND T PROFFES	SSIONAL SER	VICE INC.
	ation will be the date the dissolution is for a contract of the contract of th	iled with the Department	t of State or as
Description of	information that must be included in a	claim:	
N/A			
Mailing addres	ss where claims can be sent: (Claims ca	nnot be sent to the Divis	ion of Corporations)
	N/A		
	st the above named corporation will be after the filing of this notice.	barred unless a proceedir	ng to enforce the claim is commenced
EVELIO	SUAREZ	ĺ	M M
	Printed Name of the Person Filing		signature of the Person Filing

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