P0900034005

(Re	equestor's Name)	,
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne) .
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALL AHASSEE FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: NATIONAL SOLUTIONS GROU	IP, INC.	
DOCUMENT NUMBER: <u>P09000034075</u>		
The enclosed Articles of Dissolution and fee are submitt	ed for filing.	
Please return all correspondence concerning this matter to	o the following:	
MAYKEL DE ARMAS		
(Name of Contact Person	n)	
(Firm/Company)		
1421-1 S.W. 107 AVE., #263		
(Address)		
MIAMI, FL 33174		
(City/State and Zip Coo	de)	
For further information concerning this matter, please cal	l:	
MAYKEL DE ARMAS at (78	6 222-3485	
(Name of Contact Person) (Ar	rea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified Contact (Additional 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

Pursuant to section 607.1403, 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:			
	NATIONAL SOLUTIONS GROUP, INC.				
SECOND:	The document number of the corporation (if known): P0900034075				
THIRD:	IIRD: The date dissolution was authorized: NOVEMBER 01, 2010				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution fine)	ile date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)		•		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolu	tion		
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	titled			
	The number of votes cast for dissolution was sufficient for approval by				
	(voting group)	10 NOV 19	SECRE		
		至	TARY OF S		
\$	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)	9: 03	DRIDA		
	MAYKEL DE ARMAS				
	(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 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: NATIONAL SOLUTIONS GROUP, 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:
NAME
ADDRESS
TELEPHONE NO.
AMOUNT OF CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1421-1 S.W. 107 AVE., #263
MIAMI, FL 33174
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.
MAYKEL DE ARMAS

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

Printed Name of the Person Filing