

FILED
Mar 31, 2014
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
CITY CORP/JANI KING #415

SECOND: The document number of the corporation: P09000074841

THIRD: The file date of the articles of incorporation: September 4, 2009

FOURTH: None of the corporation's shares have been issued.

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: A majority of the incorporators authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: YLDALIZA DEL ROSARIO PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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.

Name of Corporation:

CITY CORP/JANI KING #415

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

THE ECONOMY WAS EXTREMELY BAD AND THE COMPANIES WE PROVIDE SERVICES TO CLOSED DOWN OPERATIONS. THERE WAS ZERO BUSINESS BEING DONE AND IN TURN FORCED US TO SHUT DOWN WITH ZERO PROFIT.

Mailing address where claims can be sent:

401 SHORT DRIVE
KISSIMMEE, FL 34759

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: YLDALIZA DEL ROSARIO

Electronic Signature of the Person Filing