P100000544

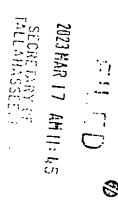
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

12

TO: Amendment Section
Division of Corporations

Dissolution Of Corporation

SUBJECT:

P10000080544

DOCUMENT NUMBER:

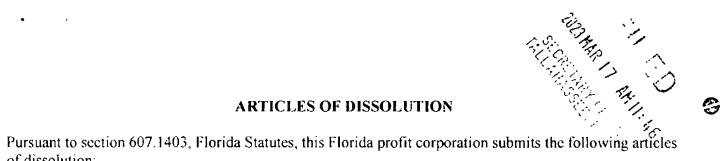
DOCUMENT NUMBER:	P10XXXXX80544	
The enclosed Articles of Di	issolution and fee are submitted for filing.	
Please return all corresponde	lence concerning this matter to the following:	
Robert Tate		
	(Name of Contact Person)	
Professional Artistic Services. Inc	c.	
	(Firm/Company)	
1540 W. Marvin Street		
	(Address)	
Longwood, FL 32750		
	(City/State and Zip Code)	
For further information cond	cerning this matter, please call:	
Robert Tate	407-765-3234 at (
(Name of Contact	t Person) (Area Code) (Daytime Telephone Numb	ber)
Enclosed is a check for the f	following amount:	
□ \$35 Filing Fee ■ \$43.7 Certific	75 Filing Fee & \$\Begin{array}{c} \$43.75 Filing Fee & \$\Beta\$ \$52.50 Filing Fee, \$\text{Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)} \$\$ (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



of dissolution:

riksi;	Professional Artistic Services, Inc.
SECOND:	P10000080544 The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	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)
	ROBERT L. TATE
	(Typed or printed name of person signing)
	(Title of person cigning)

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. Professional Artistic Services, Inc. Name of Corporation: 03/01/2023 The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Date of contracted performance Amount of contracted performance Name of performer/act Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 8784 Bridgeport Bay Ave, Las Vegas, NV 89147 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. Robert L. Tate

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

Printed Name of the Person Filing