# 1-688P 0000019

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(CI	iy/State/Zip/Pnone	<del>; #)</del>					
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

Office Use Only



300204791733

04/27/11--01028--011 \*\*105.00

THE STANDED IN THE STANDS

-570/11/2/

## ORIGINAL HEREHOUS SUG

TO: Amendment Section

#### **COVER LETTER**

Division of Corporations
SUBJECT: Request to Disolve Componation
DOCUMENT NUMBER: EIN - 90-0638011
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JASMIN GAYLE
(Name of Contact Person)
(Firm/Company)
3045 Isola Bella Blud
(Address)
Mount Dora, FL 32757
(City/State and Zip Code)
For further information concerning this matter, please call:
Jasmin Gayles at (407) 979-4499 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 Filing Fee \$ \$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy enclosed)  (Additional copy is enclosed)  (Additional copy is enclosed)
MAILING ADDRESS:  Amendment Section  STREET ADDRESS:  Amendment Section
Division of Corporations  Amendment Section  Division of Corporations  Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



May 2, 2011

JASMIN GAYLE 3045 ISOLA BELLA BLVD MOUNT DORA, FL 32757

SUBJECT: SERVICE ONE WIPE IT CLEAN, INC.

Ref. Number: P10000098821

We have received your document for SERVICE ONE WIPE IT CLEAN, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 411A00010583

### 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:
	SERVICE ONE WIFE IT CLEAN, INC
SECOND:	The document number of the corporation (if known): EIN 90-0638011
THIRD:	The date dissolution was authorized: 3/27/11
	Effective date of dissolution if applicable: 3 2 11 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes east for dissolution was sufficient for approval by
	Allsoyle Whayle
	(voting group)
S	Signature: Uksayle Uksayle
	(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)
	JASMIN GAYLE JASMIN GAYLE
	(Typed or printed name of person signing)
	(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: SERVICE ONE WIPE IT CLEAN, INC

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:

Any a	nd au	unknown	claims	that	may ansi
		Mostarida			
has not	bernin	. Operation	~ Since	mari	L 2011.
		agreement.			
	<del>-</del>	3			

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Jaemin Gayle Jasmin Gayle
POB 1726
Moud Dora, FL 32757

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.

JASMIN GAYLE

LASMIN GAYLE

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