

08/13/2033 06:24

#0349 P.001/002

P11000019179

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000236967 3)))



H150002369673ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

**Division of Corporations
Fax Number : (850)617-6380**

From:

**Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944**

SECRETARY OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA

2015 OCT -2 AM 8:57

FILED

**DISSOLUTION OR WITHDRAWAL
HIMAMS SERVICES, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

15 OCT -2 AM 7:27

OCT 05 2015

C. CARROTHERS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

#15000236967

ARTICLES OF DISSOLUTION

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:

HIMAMS Services, Inc

SECOND: The document number of the corporation (if known): P 11000019179

THIRD: The file date of the articles of incorporation: 2/24/2011

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.

Signature: H Acosta

(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.)

Hima Acosta

(Typed or printed name of person signing)

(Title of Person Signing)

SECRETARY OF STATE
ALL AMPLISTE FLORIDA

2015 OCT -2 AM 8:51

FILED

#15000236967