## P/1000-0-94743

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
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T. ROBERTS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: BLESSINGS MULTISERVICES INC					
DOCUMENT	DCUMENT NUMBER: P11000094743				
The enclosed	Articles of D	issolution and fee	are submitted	for filing.	
Please return	all correspon	dence concerning t	his matter to th	e following	:
VANESSA ADA	<u>M</u>			· -, · · ··	<del></del>
		(Name of Contact	(Person)		
BLESSINGS MI	ULTISERVICES				•
		(Firm/Compa	any)		
5921 S SABLE	CIRCLE	(Addross	<u> </u>		
		(Address)	}		
MARGATE, FL	33063				
		(City/State and Z	ip Code)		<del></del>
For further in	formation con	cerning this matter,	please call:		
VANESSA ADA	м		t (954) 695-4085	٠	
	ne of Contact			Daytime T	elephone Number)
Enclosed is a	a check for the	following amount:			
\$35 Filing	Fee S43	75 Filing Fee & Cificate of Status	\$43.75 Filing Certified Cop (Additional co enclosed)	y —	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amend Division P.O. E	NG ADDRESS dment Section on of Corporat Box 6327 assee, FL 323	ons		Amendm Division of Clifton Bu 2661 Exe	ADDRESS: ent Section of Corporations uilding ecutive Center Circle see, 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: BLESSINGS MULTISERVICES, INC. SECOND: The document number of the corporation (if known): P11000094743 THIRD: The date dissolution was authorized: Effective date of dissolution if applicable: (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 cast for dissolution was sufficient for approval by (voting group) 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) **VANESSA ADAM** (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

**PRES**