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.

(((H15000176937 3)))



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 : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL COMPLETE MULTISERVICE, CORP

VED	15:1 福	
国の変化	15 JUL 21	THE STATE OF THE S

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

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 2 2 2015

D CONNELL

ARTICLES OF DISSOLUTION

Pursuant to s of dissolution	ection 607.1403, Florida Statutes, this Florida profit corporation submits the fon:	llowing ar	τicles
FIRST;	The name of the corporation as currently filed with the Florida Department o	f State:	
	Complete Multiservice , co	orp	
SECOND:	The document number of the corporation (if known): P1300008	० ।ह	2 4
THIRD:	The date dissolution was authorized: 7 21/15		
	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 was sufficient for approval.	for dissol	ution
	Dissolution was approved by the shareholders through voting groups.	٠	
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve.	ntitled	
	The number of votes east for dissolution was sufficient for approval by		15 JUL
	(voting group)	ASS ASS	2
	Signature: (By a director, president prother officer - if directors or officers have not been selected, by an incorporate of in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.	COFSTATE EE, FLORIDA	AM 9: 10
	(Typed or printed name of person signing)		:
	President (Title of person signing)		

Filing Fee: \$35