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PICK-UP	WAIT	MAIL		
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
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COVER LETTER

	idment Section	
Divisi	ion of Corporations	\$ 100 m
	Interservices USA Inc	THE STATE OF C
SUBJECT:		
	P14000079265	
DOCUMENT	NUMBER:	·
The enclosed	Articles of Dissolution and	fee are submitted for filing.
Please return a	all correspondence concerning	g this matter to the following:
Javier Saavedra		
	(Name of	Contact Person)
Interservices US	SA Inc	•
	(Fir	m/Company)
5425 N Andrews	s Ave	
	(A	address)
Fort Lauderdale,	, FL 33309	
	(City/Sta	ate and Zip Code)
For further int	formation concerning this ma	atter, please call:
Javier Saavedra		at (954) 449-3951
(Na	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amou	unt:
■ \$35 Filing l	Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amen Divisi P.O. E	ING ADDRESS: dment Section ion of Corporations Box 6327 nassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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: Interservices USA Inc
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation:
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.
Sign	(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.)
	Javier Saavedra
	(Typed or printed name of person signing)
	President
	(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:	
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .	
Description of information that must be included in a claim:	
The continue decrease of revenues that our company has been experiencing, based on the economic impact in the Sc	outh
Florida area has eliminated any chance of viability for us.	
	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
Please mail to: Javier Saavedra, 5425 N Andrews Ave., Fort Lauderdale, FL 33309.	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is cowithin 4 years after the filing of this notice.	ommenced
Javier Saavedra	0 202
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