# P1400090464

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	Address)	
(0	City/State/Zip/Phone #)	
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([	Document Number)	
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AUG 10 2018 S. YOUNG 18 AUG -9 PH 3: 17 SEGNATANT OF BIAIR IALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Notice of Corporate Disolution
DOCUMENT NUMBER: <u>P14000090464</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Musta Fa SaleH (Name of Contact Person)
(Name of Contact Person)  Payroll Management financial Services In  (Firm/Company)
2581 East 8 Ave
Hialeah Fl 33013 (City/State and Zip Code)
For further information concerning this matter, please call:
Mustafa SaleH at (786) 375-0327 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
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MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, 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:	
	The document number of the corporation (if known): P1400070464	ייוֹכ
SECOND:	The document number of the corporation (if known): P14000090464	
THIRD:	The date dissolution was authorized: $08-01-2018$	
IMKD.		
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)	
	<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes east 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  AHASSEE, F	·
	7 <u>Egg &amp; O</u>	
	(voting group)	ı
Si	DA 7	
	Signature: State min retch	
	(By a director, president orlother officer - indirectors 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)	
	Mustafa SaleH	
_	(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: Payroll Management Piruncial Services In	) (
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:	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
2581 East 8 Ave	
1581 East 8 Ave Hialeah FL 33013	
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.	
Mustata Salet whitely	
Printed Name of the Person Filing Signature of the Person (Filing)	