P18000099142

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:

Office Use Only



400328297864

04/28/19--01010--013 *+35.00





COVER LETTER

TO: Amendment Section

Division of Corporations

	•	
SUBJECT:	genera	L services of FL Inc
DOCUMENT NUM	BER:	P 18000099142
The enclosed Article	s of Dissolution an	nd fee are submitted for filing.
Please return all corre	espondence concerr	ning this matter to the following:
		2 AVILA
	(Name	of Contact Person)
	General	services of FL Inc
	(l-	irm/Company)
	13921	5M 30 S+
		SW 30 S+ (Address)
	A Å	1AM FL 33175
	<u>_</u>	State and Zip Code)
For further information	· · · · ·	
VICTOR	AVILA	at (786 663 3336
(Name of C	Contact Person)	(Area Code) (Daytime Telephone Numbe
Enclosed is a check f	or the following an	nount:
\$35 Filing Fee 🚨	\$43.75 Filing Fee of Certificate of Status	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee, s Certified Copy (Additional copy is enclosed)
MAILING AI Amendment S Division of O P.O. Box 632 Tallahassee,	Section Forporations 7	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 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:
	general services of FL Inc
SECOND:	The document number of the corporation (if known): P180000 99142
THIRD:	
	The date dissolution was authorized: \(\pm \lambda \lam
	(no more than 90 days after dissolution file date) Note: 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 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)
	(voting group) ALL: APR 29 PM 5: PM 5: FI
	Simplified (2)
	(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)
	VICTOR AVILLA
	(Typed or printed name of person signing)
	President
	(Title of person signing)