P21000097218

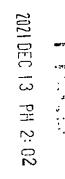
(Requ	uestor's Name	e)
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PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	ame)
(Docu	ument Numbe	r)
Certified Copies	Certificat	es of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER . . .

TO: Amendment Section Division of Corporations		•
SUBJECT: REQUEST TO DISSOLVE FL CO	DRP - SMR STAFFING, INC.	
DOCUMENT NUMBER: P21000097218		<u></u>
The enclosed Articles of Dissolution and f	ee are submitted for filing	ļ.
Please return all correspondence concerning	g this matter to the follow	ing:
RAHII. NOOR		
(Name of	Contact Person)	
SMR STAFFING, INC.		
(Firr	n/Company)	
1540 INTERNATIONAL PKWY, STE. 2000		
(A	ddress)	
LAKE MARY, FL 32746		
(City/Sta	nte and Zip Code)	
For further information concerning this ma	tter, please call:	
RAHIL NOOR	at (407) 212-7292 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

FILED 2021 DEC 13 PH 2: 02

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401. Florida Statutes, this Florida profit corporation submitsable following. Florida articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: SMR STAFFING, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: NOVEMBER 12, 2021
FOURTH:	None of the corporation's shares have been issued.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
SEVENTH	: A majority of the incorporators or directors authorized the dissolution.
Sigr	Hatture: (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.)
	RAHIL NOOR
	(Typed or printed name of person signing)
	DIRECTOR
	(Litle 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: SMR STAFFING, INC. The above named corporation is the subject of dissolution and the effective date of a dissolution is: ______ NOVEMBER 12, 2021 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: NO OUTSTANDING CLAIMS ARE EXPECTED. IF ANY, THEY MUST INCLUDE THE FOLLOWING: 1. AUTHORIZATION BY A CORPORATE DIRECTOR 2. APPROVED INVOICE 3. PROOF OF DELIVERY Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 1540 INTERNATIONAL PKWY STE, 2000 LAKE MARY FL 32746 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. RAHIL NOOR

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Printed Name of the Person Filing