Office Use Only



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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:		
DOCUMENT NUMBER: P94000093481		
The enclosed Articles of Dissolution and i	fee are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Sherry Walker		
(Name of	Contact Person)	
Highpoint Administrators		
(Firm/Company)		
4455 LBJ Freeway #1080		
(A	Address)	
Dallas, TX 75244		
(City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
(Name of Contact Person) at (972-404-1615 X 1291 (Area Code) (Daytime Telephone Number		
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amou	unt:	
	□ \$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)	
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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: AMS Staff Leasing, Inc.		
SECOND:	The document number of the corporation (if known): P94000093481 The date dissolution was authorized: 01/01/2016		
ΓHIRD:			
	Effective date of dissolution <u>if applicable:</u> (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 not be listed as the document's effective date on the Department of State's records.	will	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	■ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	on	
	☐ 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:	Signer Signer	
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group) ?:		
	Signature: (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)	_	
	C.D. Wood, Jr.		
	(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:

AMS Staff Leasing, Inc.

specified in the <i>Articles of Dissolution</i> .	ith the Department of State or as
Description of information that must be included in a claim:	16 MAR
	76
	PH
	PH 2: 49
Mailing address where claims can be sent: (Claims cannot be 4455 LBJ Freeway #1080 Dallas, TX 75244	e sent to the Division of Corporations)
A claim against the above named corporation will be barred within 4 years after the filing of this notice.	unless a proceeding to enforce the claim is commence
C.D. Wood, Jr.	OD Wood

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

Printed Name of the Person Filing