(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

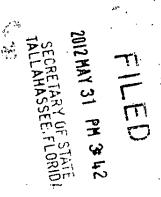
Office Use Only



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05/31/12--01016--015 \*\*43.75



POR 6/1/12

## **COVER LETTER**

TO: Amendment Section Division of Corporations	· •
•	
SUBJECT: MAS SERVICES INC.	
DOCUMENT NUMBER: P96000027	<b>'</b> 479
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
SHERRY D OWENS	
(Name of C	Contact Person)
MAS SERVICES INC.	
(Firm	/Company)
400 VENTURE DR STE A	
(Ad	ldress)
SOUTH DAYTONA, FL 32119	
(City/Stat	e and Zip Code)
For further information concerning this mat	ter, please call:
SHERRY D OWENS	at (386 ) 299-5835
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
\$35 Filing Fee \$\bigs\text{\$43.75 Filing Fee & }\\ \text{Certificate of Status}	✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION ILED

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit combination salumits the following articles on:  SECRETARY OF STATE TALLAHASSEE.FLORIDI
FIRST:	TALLANA 33 The name of the corporation as currently filed with the Elorida Department of State:
111031	MAS SERVICES INC.
SECOND:	The document number of the corporation (if known): P96000027479
THIRD:	The date dissolution was authorized: 05/24/12
	Effective date of dissolution if applicable: 05/31/12  (no more than 90 days after dissolution file date)
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)
	Signature:  (By a director, president or other officer - if directors or officers have not been solected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	SHERRY D OWENS
	(Typed or printed name of person signing)  PRESIDENT  (Title of person signing)

Filing Fee: \$35