

P980000024367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

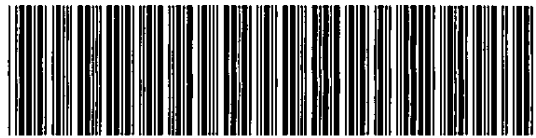
(Business Entity Name)

(Document Number)

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/20/08--01014--023 **35.00

08 MAY 20 AM 10:52

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ant Diss
@ 5/28/08

A Virtual Office Service, Inc.
7035 Philips Hwy Ste 6
Jacksonville, FL 32216

March 31, 2008

To Whom It May Concern:

The above referenced company voted to cease operations on 3/31/08.

Operations ceased on April 14, 2008.

Enclosed please find the required \$35.00 filing fee to dissolve the corporation.

Also enclosed, please find your completed form 607.1403.

Thank you,
Cynthia Encinosa
Formerly, President, A Virtual Office Service, Inc.
904-403-0867 (personal cel)

Enclosures: Check \$35.00
Form 607.1403

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:

A Virtual Office Service, Inc.

SECOND: The document number of the corporation (if known): P98000024367

THIRD: The date dissolution was authorized: 3/31/08

Effective date of dissolution if applicable: 3/31/08

(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 selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Cynthia Encinosa

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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