P9900031658

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SECRETARY OF STATE

APPROVED AND FILED



COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: Dissolution of Employee Business Solutions, Inc. DOCUMENT NUMBER: P99000037658 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher J. Brekka (Name of Contact Person) Employee Business Solutions, Inc. (Firm/Company) 8842 NW 21st Court (Address) Coral Springs Florida (City/State and Zip Code) For further information concerning this matter, please call: at (702-) 457-9980 (Area Code & Daytime Telephone Number) Christopher J. Brekka (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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):		
	Employee Business Solutions, Inc.			
SECOND:	The document number of the corporation (if known): P99000037658			
THIRD:	The file date of the articles of incorporation: April 26, 1999			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.			
SEVENTH:	Adoption of Dissolution (CHECK ONE)			
	A majority of the incorporators authorized the dissolution.			
	A majority of the directors authorized the dissolution.			
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporato in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	r - if		
		SECRETARY OF S FALLAHASSEE, FL	10 1	
	Christopher J. Brekka	AE:	APR	
	(Typed or printed name of person signing)	ASS	22	- T'1
	President	E C		55
	(Title of Person Signing)	SIMIE SIMIE	્ય જે	
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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: Employee Business Solutions, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Name of Company or Vender
Invoice or ID Number
Amount Owed
Description of of Service
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Employee Business Solutions, Inc.
10386 Miners Gulch Avenue
Las Vegas, Nevada 89135
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.

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

Printed Name of the Person Filing