P990000 47853

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Pflone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Sociality (Value of)
0.45.10.1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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OIVISION OF CORPORAGIO

APR 19 2016 CLEWIS

COVER LETTER

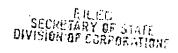
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

CIDIECT.	of Disolution - JCJ MUL			
DOCUMENT NUN	P99000047853	}		
The enclosed Article	es of Dissolution and	I fee are submitted for filir	ng.	
Please return all corr	respondence concerni	ing this matter to the follow	wing:	
Jose De Sousa				
	(Name o	f Contact Person)		
JCJ Multiservices Inc				
(Firm/Company)				
2811 Hunter Lake way,	Apt 219			
(Address)				
Apopka, FL 32703				
	(City/S	tate and Zip Code)		
For further informat	ion concerning this m	natter, please call:		
Jose De Sousa		at (⁴⁰⁷⁻⁹²⁸⁻⁶⁰⁹⁴		
(Name of	Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check	for the following amo	ount:		
■ \$35 Filing Fee □	1 \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	=	
Amendment Division of	MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		endment Section sion of Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

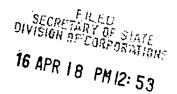
ARTICLES OF DISSOLUTION



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles 53 of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of Sta JCJ Multiservices, Inc	te:				
SECOND:	The document number of the corporation (if known):					
THIRD:	The date dissolution was authorized: April 6, 2016					
	Effective date of dissolution if applicable:					
	(no more than 90 days after dissolution file days.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, not be listed as the document's effective date on the Department of State's records.		ıte will			
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes cast for d was sufficient for approval.	issolı	ıtion			
	☐ Dissolution was approved by the shareholders through voting groups.					
٠	The following statement must be separately provided for each voting group entitle to vote separately on the plan to dissolve:	ed 5	SELVIG 335.			
	The number of votes cast for dissolution was sufficient for approval by	16 APR 18	SILVE CO.			
		PH	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12			
	(voting group)	2: 53	RPOZATIONS			
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an interpolator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by					
	Jose De Sousa	· · · -	. <u></u>			
	(Typed or printed name of person signing)					
	President					
	(Title of negron cioning)					

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:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
The corporation named above will ceased operations in the State of Florida since April 6, 2016. If you need to contact this
corporation do not hesitate to contact us at the address written below.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
2811 Hunter Lake way Suite 219, Apopka, FL 32703
· · · · · · · · · · · · · · · · · · ·
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.
Jose De Sousa
Printed Name of the Person Filing Signature of the Person Filing