## P9900056481

| 4                                       |               |
|---|---------------|
| (Requestor's Name)                      |               |
|   |               |
| (Address)                               |               |
| ·                                       |               |
| (0.11)                                  |               |
| (Address)                               |               |
|   |               |
| (City/State/Zip/Phone #)                |               |
|   |               |
| PICK-UP WAIT                            | MAIL          |
|   |               |
| (Dusings Entity Nesse)                  |               |
| (Business Entity Name)                  | •             |
|   |               |
| (Document Number)                       | ı             |
| •                                       |               |
| Certified Copies Certificates of S      | Status (Cont) |
| · <del></del>                           |               |
|   |               |
| Special Instructions to Filing Officer: |               |
| <i>,</i>                                | į             |
|   | İ             |
|   |               |
|   |               |
|   |               |
|   |               |
|   | ,             |
|   | ···           |

Office Use Only



500158585955

07/27/09--01019--009 \*\*35.00





## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |
|---|--|
| SUBJECT: Articles of Dissolution  | 71   |
| DOCUMENT NUMBER: P99000056481   |  |
| The enclosed Articles of Dissolution and fee are subm   | nitted for filing.   |
| Please return all correspondence concerning this matte  | r to the following:  |
| Don Gonzalez, Esq.  |  |
| (Name of Contact Per  | rson)  |
| Don Gonzalez, P.A.  |  |
| (Firm/Company   | )  |
| 1820 North Corporate Lakes Blvd. Suite  | 201  |
| (Address)   |  |
| Weston, Florida 33326   |  |
| (City/State and Zip   | Code)  |
| For further information concerning this matter, please  | call:  |
| DON GONZALEZ, Esq at (  | 954 ) 598-0660   |
| - · · · · · · · · · · · · · · · · · · ·   | (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:   |  |
| Certificate of Status Certified   | nal copy is Certified Copy   |
| 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

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:  |  |  |
|---------|---|--|--|
|         | International Summit Services, Inc  |  |  |
| SECOND: | The document number of the corporation (if known): P99000056481   |  |  |
| THIRD:  | The date dissolution was authorized: 02/24/2009   |  |  |
|         | Effective date of dissolution if applicable: (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   |  |  |
|         | A.S. C  |  |  |
|         | (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) |  |  |
|         | Alvaro Medina   |  |  |
|         | (Typed or printed name of person signing)   |  |  |
|         | President   |  |  |
|         | (Title of person signing)   |  |  |

Filing Fee: \$35