# K86099

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

SUBJECT: Dissolution of Corporation	<del></del>	
DOCUMENT NUMBER: K86099		
The enclosed Articles of Dissolution and f	ee are submitted for filing	
Please return all correspondence concerning	g this matter to the follow	ing:
Philip H Bloom		
(Name of	Contact Person)	
Blosam Constructors, Inc		
(Firm	n/Company)	
9831 Dell Webb Parkway, #3305		
(A	ddress)	
Jacksonville, Florida, 32256		
(City/Sta	te and Zip Code)	<del></del>
For further information concerning this ma	tter, please call:	
Philip H Bloom	9(14-993- <u>1115</u> at (	
(Name of Contact Person)	(Area Code) (	Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee, Certificate of Status & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF DISSOLUTION

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

riksi:	Blosam Constructors, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by a director if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Philip H Bloom
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35