# N13000003462

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	$\prod$

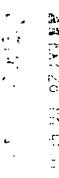
Office Use Only



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05/30/19--01001--008 \*\*10.00

U4/U1/19--U1U26--U21 \*\*25,00



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# **COVER-LETTER**

Division of Corporations	•
SUBJECT: L SPIVEYST	RONE INC
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and ree	e are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
RICHARD WIL	Contact Person)
(Name of	Contact Person)
SPIVEY5TRO	PNG INC n/Company)
	·
PO BOX	27634 address)
PANAMA CITY	FLORE 17A 32411-7634
(Cir/State	e and Zip Code)
For further information concerning this matter	r, please call:
RICHARD IN SPINEY	ar (850) 708 4155
(Name of Contact Person)	at (850) 708 4155 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	t:
□ \$35 Filing Fee □ \$45.75 Filing Fee & Certificate of Status	Second Second Status & Second Status & Second Status & Second Status & Second S

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### **MAILING ADDRESS:**

TO: Amendment Section

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 s Articles of D	section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	SPINEYSTRONG INC
SECOND:	The document number of the corporation (if known): N13 000003462
THIRD:	The document number of the corporation (if known): $N/3 \ 000003462$ The file date of the articles of incorporation: $4-11-13$
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	The corporation has not commenced to conduct its affairs.  No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE)  (Note: Cannot be authorized by an incorporator if the corporation has directors)
	The dissolution was authorized by a majority of the directors:
	The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Signa	(By the chairman or vice chairman of the board, president or other officer if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)

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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: SPIVEYSTRONG 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. Printed Name of the Person Filing Signature of the Person Filing

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