## P0300095081

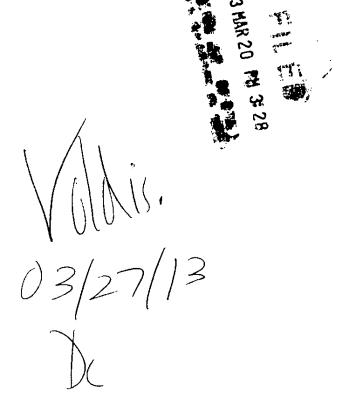
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: <u>Alexander Poels is spais</u> Anc.	
DOCUMENT NUMBER: P0300095081	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Contact Person)	
Alexander Pools and Spas inc. (Firm/Company)	
409 N. Nepture Dr. (Address)	
Satellite Bob, IT 32937 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (331) 779-9002  (Area Code & Daytime Telephone Number)  331-543-333	
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status & 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 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:
	alexander Pouls AND Spars, Anc.
SECOND:	The document number of the corporation (if known): PO3 0004508/
THIRD:	The date dissolution was authorized: $3 \cdot 13 \cdot 13$
	Effective date of dissolution <u>if applicable:</u> (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
	(voting group)
	Signature:  (By a director, president or other officer - indirectors 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)
	Lisa Culinh (Typed or printed name of person signing)
	Personal Regression to the (Title of person signing)

Filing Fee: \$35