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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
	*			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
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 (Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to I	Filing Officer:			
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Office Use Only



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02/02/07--01018--007 **35.00

SECRETARY OF STATE

MHA

COVER LETTER

TO: Amendment Section **Division of Corporations** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person) at (407) Le 97-3 Le 64

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 Departme	ent of State:	
	SPF Transport, Inc		
SECOND:	DONOLO	09721	<u>5</u>
THIRD:	The date dissolution was authorized: 01-22-07		
	Effective date of dissolution if applicable: OI-31-07 (no more than 90 days after disso	olution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for dissol	lutior
	Dissolution was approved by the shareholders through voting groups	;.	
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	oup entitled	
	The number of votes cast for dissolution was sufficient for approval by	200 SF	
	Shareholder and incorporations	2007 FEB -2 SECRETARY TALLAHASSE	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)		
	(Typed or printed name of person signing)		
	President		
	(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. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:	SPF Transpo	ort, Inc		
Date of dissolution will be specified in the Articles of	the date the dissolution is filed Dissolution .	with the Department of State	or as	
Description of information	that must be included in a clain	n:		
Date				
				
				
<u> </u>				
Mailing address where clai	ms can be sent: (Claims cannot	be sent to the Division of Co	rporations).	
202	o Locust Berr	y Dr	2007 FEB -2 SECRETARY MALLAHASSE	
	o Locust Bern Kissimmee, F	1 L 34743		
	•		PHI2: OF STA E.FLOR	
	· · · · · · · · · · · · · · · · · · ·		2: 13 TATE ORIDA	
A claim against the above in within 4 years after the filing	named corporation will be barre ng of this notice.	d unless a proceeding to enfo	rce the claim is comme	enced
YANICA	1 F. Peña	Vaun	f. Pen	
, , , ,	me of the Person Filing	Signature of	the Person Filing	

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