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SECRETARY OF STATE
TAIL AMASSEE, FLORIDA

Diss(notice



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Don Courroyer, INC.	
DOCUMENT NUMBER: PO 6 0000 82387	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Don Cournsyer (Name of Contact Person)	
Don Cournoyer, INC. (Firm/Company)	
5131 Dear hurst Crescent Circle	
5/31 Deerharst Crescent Circle Boca Raton FL 33486 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Don Courno yer at 561 395.6468 (Name of Contact Person) (Area Code & Daytime Telephone Numb	
(Name of Contact Person) (Area Code & Daytime Telephone Numb	er)
Enclosed is a check for the following amount:	
S35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: STREET ADDRESS:	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	Don Cournoyer INC.
SECOND:	The document number of the corporation (if known): PO 6 0000 8238
THIRD:	The file date of the articles of incorporation: June 16, 2006
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: Resident (By a director, president or other officer - if sinectors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other doubt appointed fiduciary, by 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. Don Courneyer, 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) earthrest Crescent Circle 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.

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