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W/Notice 10/14/10

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: Alpha Spray Foam, Inc.				
DOCUMENT NUMBER: P06000085723				
The enclosed Articles of Dissolution and	fee are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
Darrell R. North				
(Name of	Contact Person)			
Alpha Spray Foam, Inc.				
(Firm/Company)				
312 East Venice Ave #30 & #31	<u> </u>			
· (A	(ddress)			
Venice, FL 34293				
(City/Sta	ate and Zip Code)			
For further information concerning this ma	atter, please call:			
Darrell R. North	at (_941) 525-7439			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amou	unt:			
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section.			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	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	of State:			
	Alpha Spray Foam, Inc.				
SECOND:	The document number of the corporation (if known): P06000085723				
THIRD:	The date dissolution was authorized: 07/09/10		ســـــــــــــــــــــــــــــــــــــ		
	Effective date of dissolution if applicable: 10/05/10 (no more than 90 days after dissolution	ı file date)	,		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for disso	olution	1	
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve:	Thy.			
	The number of votes cast for dissolution was sufficient for approval by		TO OCT 12		
	(voting group)		2 AM 8: 16		
	Signature: (By director, president or other officer - if directors or officers have not been selected, by the incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	e e e e e e e e e e e e e e e e e e e			
	Darrell R. North				
	(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: ALPHA SPRAY FOAM, 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: Claimant's Name & Address, Date of claim, Amount of claim, Reason for claim, and Proof of claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) c/o Darrell R. North 1435 East Venice Ave #104-254 Venice, FL 34292 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. Darrell R. North Printed Name of the Person Filing

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