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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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D.S. Incoto



COVER LETTER

TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: Dissolution of L	Delcome Mat Management Selvices, wc.
DOCUMENT NUMBER: P6600	00115010
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
JOANNE L	Whiteman
(Name of Co	ontact Person)
(Firm/	Company)
P.O. Box (Add	(975
(Add	lress)
	FL 32447-0975
(City/State	and Zip Code)
For further information concerning this matte	er, please call:
(Name of Contact Person)	at (850) 693-0570 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	:
Certificate of Status	\$\frac{1}{3}\$43.75 Filing Fee & \$\Bigsquare \text{\$\sum \text{\$\sum \text{552.50}\$ Filing Fee,}}\$ Certified Copy (Additional copy is enclosed) \$\text{\$\sum \text{\$\text{\$\text{\$\sum \text{\$\$\}\$\$}\$\tex{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{
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 607.1401, 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:
	Welcome MAT Management Services INC
SECOND:	The document number of the corporation (if known): 100 500 2291
THIRD:	The file date of the articles of incorporation: 10 - 1 - 06
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	The corporation has not commenced business. 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.
Signa	(By a director, president or other officer - if directors 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.) (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: 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.

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

Signature of the Person Filing