P0700048071

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE
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C.COULLIETTE

APR 2 9 2009

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION OF CORPORATION	
DOCUMENT NUMBER: P070000480	71
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
GUY M MATSON	
(Name of Co	ntact Person)
GUY MATSON INC	
(Firm/Company)	
411 SHORE DRIVE E.	
(Address)	
OLDSMAR, FL 34677	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
GUY M MATSON	_at (_727) 698-4874
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) Certified Copy (Additional copy is cnclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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:
	GUY MATSON INC
SECOND:	The document number of the corporation (if known): P07000048071
THIRD:	The date dissolution was authorized: 03/10/2009
	Effective date of dissolution if applicable: (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
	GUY M MATSON
	(voting group)
	Signature: (By a director, prevident 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)
	GUY M MATSON
	(Typed or printed name of person signing)
	PRESIDENT AND SOLE SHAREHOLDER
	(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.

	on: GUY MATSON INC
	will be the date the dissolution is filed with the Department of State or as ticles of Dissolution.
Description of info	rmation that must be included in a claim:
VERIFIED P	ROOF RELATING TO CLAIM
<u> </u>	
Mailing address w	nere claims can be sent: (Claims cannot be sent to the Division of Corporations)
4	11 SHORE DRIVE E.
<u>C</u>	LDSMAR, FL 34677
_	
	e above named corporation will be barred unless a proceeding to enforce the claim is commenced the filing of this notice.
	11 /4/11
GUY M MAT	
	Printed Name of the Person Filing Signature of the Person Filing

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