P0900011135

(Re	equestor's Name)	
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J. 376

COVER LETTER

TO: Amendment Section

Division of Corporations					
SUBJECT: Dissolution of Compass Spec	cialties Inc.				
DOCUMENT NUMBER: P09000077735					
The enclosed Articles of Dissolution and fee are sul	bmitted for filing.				
Please return all correspondence concerning this mat	tter to the following:				
Justin Toole					
(Name of Contact F	Person)				
(Firm/Compa	ny)				
3469 MYAKKA STREET					
(Address)					
MARIANNA FL 32448					
(City/State and Zi	p Code)				
For further information concerning this matter, please	se call:				
Justin Toole at (850) 596-7872				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:	,				
Certificate of Status Certif	25 Filing Fee & S52.50 Filing Fee, lied Copy Certificate of Status & Certified Copy (Additional copy is enclosed)				
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:		
	Compass Specialties Inc.			
SECOND:	The document number of the corporation (if known): P09000077735			
THIRD:	The file date of the articles of incorporation: 09/17/2009			
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 distribute to the shareholders, if shares were issued.	uted	00	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	CRE	09 NOV -2	
	A majority of the incorporators authorized the dissolution.	ARY (ĄSSEE		FILE
	✓ A majority of the directors authorized the dissolution.	CRETARY OF STATE LAHĄSSEE, FLORIDA	PM 3: 03	
Sign	nature:	orporator - if		
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	•		
	Justin Toole			
	(Typed or printed name of person signing)			
	President			
	(Title of Person Signing)			

Filing Fee: \$35