710000102376

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only



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DEC 08 2014 C. CARROTHERS

$\underline{\epsilon}$ over letter $_*$

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Corporate disolution	
DOCUMENT NUMBER: P10000	0102376
The enclosed Articles of Dissolution	on and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Louis Cianfrogna	
4)	Name of Contact Person)
American Sign Recovery, Inc.	
	(Firm/Company)
465 East South Street No. 7 (Formerly: 10	320 W. Amelia St.)
	(Address)
Orlando, FL 32801 (Formerly: 32805)	
(City/State and Zip Code)
For further information concerning	this matter, please call:
Louis Cianfrogna	at (407-923-8969
(Name of Contact Person	n) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	ng amount:
□ \$35 Filing Fee ■ \$43.75 Filing Certificate of	Status Certified Copy (Additional copy is enclosed) Status Status Certified Copy (Additional copy is enclosed) Status Status Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations

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: American Sign Recovery, Inc.	
SECOND:	The document number of the corporation (if known): P10000102376 FEIN 27-4430499	
THIRD:	The date dissolution was authorized: December 3. 2015	
	Effective date of dissolution if applicable: December 31, 2015	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
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.	
	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	
	1000	
	(voting group)	
	Signature:	
	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)	
	Louis Cianfrogna	
	(Typed or printed name of person signing)	
	Vice 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: American Sign Recovery, 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)
465 E. South St. No. 7, Orlando, FL 32801
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
. , / //
Louis Cianfrogna
Printed Name of the Person Filing Signature of the Person Filing