P92000013508

(Requestor's Nan	ne)		
(Address)			
(Address)			
(City/State/Zip/Pr	one#)		
PICK-UP WAIT	MAIL		
(Business Entity	Name)		
(Document Number)			
Certified Copies Certification	ates of Status		
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Amendment Section)
Division of Corporations	•
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Componete Discolution	
SUBJECT: Corporate Dissolution	
D02000042E0	0
DOCUMENT NUMBER: P9200001350	70
The analoged Auticles of Dissolution and for an	and mileta d. Com. Ciling
The enclosed Articles of Dissolution and fee are	submitted for fitting.
Please return all correspondence concerning this	matter to the following:
	The state of the s
Matthew A Spencer	
(Name of Cont.	act Person)
(* 141110 01 001111	·
Matt Spencer and Associates, In	C.
(Firm/Co	
·	
608 McCollum Circle	1
(Addres	s)
Neptune Beach, FL 32266	
(City/State and	d Zip Code)
	; ;
For further information concerning this matter, p	lease call:
	-
Matt Spencer	at (_904) 565-8922
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
T 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Enclosed is a check for the following amount:	•
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$-	43.75 Filing Fee & \$\sum \\$52.50 Filing Fee,
	ertified Copy Certificate of Status &
	dditional copy is Certified Copy
	iclosed) (Additional copy is
	enclosed)
	,
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	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 State:			
	Matt Spencer and Associates, Inc.			
SECOND:	The document number of the corporation (if known): P92000013508			
THIRD:	The date dissolution was authorized: December 31, 2005			
	Effective date of dissolution if applicable: December 31, 2005 (no more than 90 days after disso	olution file	e date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for	r disso	olution
	Dissolution was approved by of the shareholders through voting gro	ups.		
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	oud ent	ited FEB	grang
	The number of votes cast for dissolution was sufficient for approval by	HASSEE	င်	
			₹	
	(voting group)	TATE ORIDA	9: 05	
	Signature: (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiducian	 d, by y, by	,	
	that fiduciary)	-		
	Matthew A Spencer	<u> </u>		
	(Typed or printed name of person signing)			
	President			
	arrive Constant Services			

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 i	s not required when filing a voluntary dissolution.			
Name of Corporation: Matt Spencer and Ass	sociates, Inc.			
Date of dissolution will be the date the dissolution is file specified in the Articles of Dissolution.	d with the Department of State or as			
Description of information that must be included in a claim:				
Vendor name; copy of invoice; amo	ount due; date of			
invoice; contact name, address and p	hone number;			
remittance address				
Mailing address where claims can be sent: (Claims cannot	ot be sent to the Division of Corporations)			
Matt Spencer and Associa	tes, Inc.			
10916 Atlantic Blvd., Suite	16			
Jacksonville, FL 32225				
A claim against the above named corporation will be bar within 4 years after the filing of this notice.	red unless a proceeding to enforce the claim is commenced			
Matthew A Spencer	1 att Samen			
Printed Name of the Person Filing	Signature of the Person Filing			