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TRANSMITTAL LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LORRAINE LOVALSKY (Name of Person)
THE RIGHT SPIRIT CORPORATION (Name of Firm/Company)
4532 W. KENNEDY BLUD. #197 (Address)
(Address) TAMPA, FL 33609 (City/State/and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
L. KOVALSKY at (813) 601-6183 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\text{23.75 Filing Fee & \$\text{\$\text{\$\subset}\$}\$
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

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 Department of State:
	THE RIGHT SPIRIT CORPORATION
SECOND:	The document number of the corporation (if known): <u>19300024</u> 120
THIRD:	The file date of the articles of incorporation was: $\frac{3/29/93}{}$
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.
	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.
	Signed this 20 day of MARCH, 2004.
Si	ignature: Zonaino, Kovalsky (By a director, president or other officer - if directors or officers have not been selected, by anticorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	LORRAINE KOVALSKY (Typed or printed name of person signing) Parside of Parsi
	(Title of person signing)

Filing Fee: \$35