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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Spartan Aviation Logist	es. Inc.
DOCUMENT NUMBER: P950	00036008
The enclosed Articles of Dissolu	tion and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Michael L. Hauser	
	Name of Contact Person)
Spartan Aviation Logistics, Inc.	
	(Firm/Company)
15875 Fairchild Drive	
	(Address)
Clearwater, FL 33762	
	(City/State and Zip Code)
For further information concerni	g this matter, please call:
Michael L. Hauser	at ( (727) 536-5387
(Name of Contact Pers	on) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the follow	ring amount:
■ \$35 Filing Fee □ \$43.75 Fil Certificate of	

### **Mailing Address:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Spartan Aviation Logistics, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: April 26, 2020
	Effective date of dissolution if applicable:  May 29, 2020  (no more than 90 days after dissolution file date)
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	(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)
	Scott R. Kineaid
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

Filing Fee: \$35