

P98000091250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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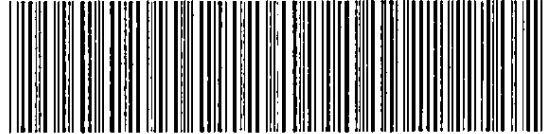
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 AUG 18 PM 2:43
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C. GOLDEN

AUG 19 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 393369 3405B
AUTHORIZATION : *Louis E. Man*
COST LIMIT : \$ 35.00

ORDER DATE : August 17, 2020
ORDER TIME : 9:45 AM
ORDER NO. : 393369-005
CUSTOMER NO: 3405B

DOMESTIC FILINGS

NAME: DOVERSPIKE CORPORATION

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT# 62968

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

2020 10 10 PM 1:15

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:

Doverspike Corporation

SECOND: The document number of the corporation (if known): P9S000091250

THIRD: The date dissolution was authorized: August 12, 2020

Effective date of dissolution if applicable: _____

(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 will 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.

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)

President

LAWRENCE G. DOVERSPIKE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35