## Powwo5/448

| (Re                     | equestor's Name)  |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | ldress)           |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Document Number)       |                   |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
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Office Use Only



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EFFECTIVE DATE

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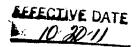
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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |
|---|--|
| SUBJECT: Allen Worldwide, Inc   | <b>C</b> .   |
| DOCUMENT NUMBER: P0600005   | 51448  |
| The enclosed Articles of Dissolution and  | fee are submitted for filing.  |
| Please return all correspondence concerning   | ng this matter to the following:   |
| J. Kimble Allen   |  |
| (Name of  | f Contact Person)  |
|   |  |
| (Fin  | rm/Company)  |
| PO BOX 836  |  |
| (A  | Address)   |
| CARRABELLE FL 32322-0830  | 6  |
| (City/Sta   | ate and Zip Code)  |
| For further information concerning this ma  | atter, please call:  |
| J. Kimble Allen   | at (_850) 728-0844   |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amou  | unt:   |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status                                      | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Amendment Section Division of Corporations Çlifton 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:  |  |
|---------|---|--|
|         | ALLEN WORLDWIDE, INC.   |  |
| SECOND: | The document number of the corporation (if known): P06000051448   |  |
| THIRD:  | The date dissolution was authorized: 12 OCT 2011  |  |
|         | Effective date of dissolution if applicable: 20 OCT 2011  (no more than 90 days after dissolution file date)  |  |
| 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.   |  |
|         | 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   |  |
|         |   |  |
|         | (voting group)  |  |
|         | Signature: Signature: O   |  |
|         | (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) |  |
|         | JIMMY KIMBLE ALLEN  |  |
|         | (Typed or printed name of person signing)  CHAIRMAN, CEO, SECRETARY, TREASURER  |  |

Filing Fee: \$35

(Title of person signing)

## **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: ALLEN WORLDWIDE, 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:  |
| Claimants current and valid names, addresses, telephone numbers, and email addresses.   |
| Valid original documents which provide sufficient evidence to verify said claim(s).   |
| Valid original documents which provide sufficient evidence of amount(s) claimed.  |
| All other documents and evidence as may be required to determine veracity and accuracy of all claims.   |
| All claims must be received no later than 121 days from the effective date of notice of dissolution.  |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  PO BOX 836, CARRABELLE FL 32322-0836                                 |
|   |
| ·   |
| A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.        |
| JIMMY KIMBLE ALLEN  Printed Name of the Person Filing  Signature of the Person Filing   |
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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00