

V65061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

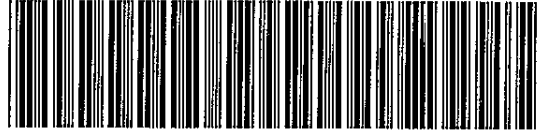
(Document Number)

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(a)



900063410529

01/11/06--01033--021 **35.00

FILED
06 JAN 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SNOWDEN S. MOWRY
Attorney At Law

217 Nassau Street South
Venice, FL 34285
Phone (941) 480-0333
Fax (941) 486-4106

Estate Planning
Guardianship
Probate

January 9, 2006

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

RE: **A.R.S. 2, Inc.**
Document No. V65061

Dear Amendment Section:

Enclosed please find the following documents in order to dissolve the above-referenced corporation:

1. Completed Cover Letter form;
2. Completed Articles of Dissolution form;
3. Copy of the Letters of Administration;
4. Copy of the Death Certificate for Steven W. Jones; and
5. A check for \$35.00.

Should you require any additional documents, please feel free to contact our office.

Sincerely,



Toni Pradetto
Legal Assistant to
Snowden S. Mowry

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A. R. S. 2, Inc.

DOCUMENT NUMBER: V65061

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerry W. Jones
(Name of Contact Person)

c/o Snowden S. Mowry, Attorney at Law
(Firm/Company)

217 Nassau Street South
(Address)

Venice, FL 34285
(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry W. Jones at (941) 423-8392
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 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
Clifton 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:

A. R. S. 2, Inc.

SECOND: The document number of the corporation (if known): V65061

THIRD: The date dissolution was authorized: 1-5-06

Effective date of dissolution if applicable: 1-5-06
(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.

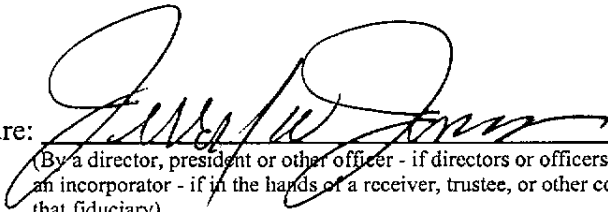
Dissolution was approved by of the shareholders through voting groups.

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)

FILED
06 JAN 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Jerry W. Jones
(Typed or printed name of person signing)

Personal Representative for Estate of Steven W. Jones
(Title of person signing)

Filing Fee: \$35

RECORDED IN OFFICIAL RECORDS
INSTRUMENT # 2005258867 1 PG
2005 NOV 21 01:29 PM
KAREN E. RUSHING
CLERK OF THE CIRCUIT COURT
SARASOTA COUNTY, FLORIDA
MTAYLOR Receipt#715239

IN THE CIRCUIT COURT FOR SARASOTA COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

STEVEN W. JONES

File No.:

Division: Probate

2005CP11138 SC

Deceased.

2005258867

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, STEVEN W. JONES, a resident of Sarasota County, Florida, died on October 15, 2005, owning assets in the State of Florida, and

WHEREAS, JERRY JONES has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare JERRY JONES duly qualified under the laws of the State of Florida to act as personal representative of the estate of STEVEN W. JONES, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on Nov 21, 2005.

Mary K. Smith
Circuit Judge

cc: Snowden S. Mowry, Esq.



*STATE OF FLORIDA, COUNTY OF SARASOTA
I hereby certify that the foregoing is a true and correct copy of pages _____ through _____ of instrument # _____ of this case. The Original instrument filed on _____ page _____. No Order of Discharge has been issued in this estate.

This copy has no redactions. This copy has been redacted pursuant to F.S. _____
Witness my hand and official seal this _____ day of _____ 2005
KAREN E. RUSHING, CLERK OF THE CIRCUIT COURT
By: *[Signature]*
Deputy Clerk

Case: 2005 CP 011138 SC

2005258867
Dkt: LTRACHR

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO. **165**

1. DECEDENT'S NAME (First, Middle, Last, Suffix)
Steven Wayne Jones

2. SEX Male Female

3. DATE OF BIRTH (Month, Day, Year)
February 2, 1955

4a. AGE - LAST BIRTHDAY (Years) **50** 4b. UNDER 1 YEAR (Months) 4c. UNDER 1 DAY (Hours) 4d. UNDER 1 DAY (Minutes)

5. STATE OF DEATH (Month, Day, Year)
October 15, 2005

6. SOCIAL SECURITY NUMBER
279-58-1181

7. BIRTHPLACE (City and State of Foreign Country)
Dayton, Ohio

8. COUNTY OF DEATH
Sarasota

9. PLACE OF DEATH
 HOSPITAL (Specify) Non-Hospital (Specify) Emergency Room (Specify) Home (Specify) Other (Specify) Gulf of Mexico

10. FACILITY NAME (If in institution, give street address)
Latitude 27-04.540 North, Longitude 082-28.028 West

11a. CITY, TOWN, OR LOCATION OF DEATH
Venice

11b. INSIDE CITY LIMITS Yes No

12. MARITAL STATUS (Specify)
 Married Married, but Separated Widowed Divorced Never Married

13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

14a. RESIDENCE - STATE
Florida

14b. COUNTY
Sarasota

14c. CITY, TOWN, OR LOCATION
Venice

14d. STREET ADDRESS
415 Falkland Road

14e. APT. NO. 14f. ZIP CODE
34293

14g. INSIDE CITY LIMITS Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life)
Owner

15b. KIND OF BUSINESS/INDUSTRY
Mechanic Shop

16. DECEDENT'S RACE (Specify the race(s) to indicate what decedent considered himself/themself to be. More than one race may be specified)
 White Black or African American American Indian or Alaskan Native (Specify race)
 Asian Indian Chinese Filipino Japanese Korean Vietnamese Hawaiian (Specify)
 Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Is. (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin)
 Yes (If Yes, specify) No

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death)
 Illiterate High school, no diploma High school diploma or GED College (Specify) Associate's Bachelor's Doctorate

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix)
Jerry Jones

21. MOTHER'S NAME (First, Middle, Maiden Surname)
Valerie Nyberg

22a. INFORMANT'S NAME
Valerie Jones

22b. RELATIONSHIP TO DECEDENT
Mother

22c. INFORMANT'S MAILING - STATE
Ohio

22d. CITY OR TOWN
Dayton

22e. STREET ADDRESS
324 Kenwood Avenue

22f. ZIP CODE
45405

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Fairview Cemetery

25a. LOCATION - STATE
Ohio

25b. LOCATION - CITY OR TOWN
Englewood

26a. METHOD OF DISPOSITION
 Burial Entombment Cremation Donation Removal (Out State) Other (Specify)

27a. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No

27b. LICENSE NUMBER (of Licensee)
6040

27c. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
Michele N. Votava

28. NAME OF FUNERAL FACILITY
Farley Funeral Home, Inc.

28a. CITY OR TOWN
Venice

28b. STREET ADDRESS
265 S. Nokomis Avenue

28c. ZIP CODE
34285

29. CERTIFIED BY (Physician - On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.)
Russell S. Vega, M.D.

30. DATE SIGNED (mm/dd/yyyy)
10/18/2005

31. TIME OF DEATH (24 hr.)
1035

32. MEDICAL EXAMINER'S CASE NUMBER
051200700

33. NAME OF ATTENDING PHYSICIAN (If other than Certifier)
Russell S. Vega, M.D.

34. CERTIFIER'S NAME
Russell S. Vega, M.D.

35. CITY OR TOWN
Sarasota

36. STREET ADDRESS
2001 Siesta Drive, Suite 302

36. ZIP CODE
34239

37. SUBREGISTRAR - Signature and Date
Debra Kraslowicz

38. DATE FILED BY REGISTRAR (mm, day, yr.)
October 20, 2005

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Phyllis Daniels
CHIEF DEPUTY REGISTRAR

Nov 05 2005



WARNING: THIS DOCUMENT IS PRINTED ON RECYCLED PAPER WITH WATERMARK OF THE SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE WATERMARK. THE DOCUMENT DOES CONTAIN A MULTI-COLORED BACKGROUND AND GUM-BRANDING. CHECK FOR SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

