

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

**DISSOLUTION OR WITHDRAWAL
WELBILT CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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D. GONNEL DEC 22 2009

Volders
w/ Notice

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:

WELBILT CORPORATION

SECOND: The document number of the corporation (if known): P00000049408

THIRD: The date dissolution was authorized: December 17, 2009

Effective date of dissolution if applicable:

(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)

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)

Maurice D. Jones

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
WASHINGTON, D. C. 20520

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: WELBILT CORPORATION

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:

Claimant name, address and contact person; Amount of claim; Nature of claim;

Date(s) incurred; Any prior notice of claims given

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

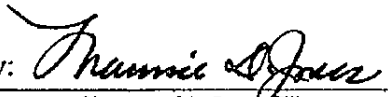
2227 Welbilt Boulevard

New Port Richey, FL 34655

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.

Maurice D. Jones, Vice President

Printed Name of the Person Filing

By: 

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00