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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SHUFFIELD LOWMAN Account Number : I20030000118 Phone : (407)581-9800 Fax Number : (407)581-9801

DISSOLUTION OR WITHDRAWAL EVANS GROVES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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ARTICLES OF DISSOLUTION OF EVANS GROVES, INC.

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation (the "Corporation") submits the following Articles of Dissolution:

FIRST: The name of the Corporation as currently filed with the Florida Department of State is <u>"EVANS GROVES, INC."</u>

SECOND: The Articles of Incorporation for the Corporation were filed on October 30, 1957, and the Corporation was assigned Document Number 207164.

THIRD: Date dissolution was authorized: December 16, 2024-

Effective date of dissolution (if different from date of filing): December 31, 2024

FOURTH: Adoption of Dissolution (CHECK ONE)

- Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval.
- Dissolution was approved by the shareholders through voting groups. The number of votes cast for dissolution was sufficient for approval by

FIFTH: Notice of Corporate Dissolution is attached.

EVANS GROVES, INC.

Arthur F. Evans, as President

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NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolved corporation named below (the "Corporation") for resolution of payment of unknown claims against the Corporation as provided in s. 607.1407, Florida Statutes.

This "Notice of Corporate Dissolution" is optional and not required when filing a voluntary dissolution.

- 1. Name of Corporation: **EVANS GROVES, INC.**
- Date of Dissolution: The date the dissolution is filed with the Department of State or as 2. specified in the Articles of Dissolution.
- 3. Description of information that must be included in a claim:
 - Name of claimant. a.
 - Completed IRS Form W-9, Request for Taxpayer Identification Number and b. Certification.
 - Mailing address of claimant. C.
 - Name and phone number of contact person. d.
 - Description of claim. Ċ.
 - Date(s) claim incurred. f.
 - Account number(s) (if applicable). g.
 - Invoice number(s) (if applicable). h.
 - Total amount of claim.
- Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Arthur F. Evans 261 Plaza Drive, Suite D Oviedo, FL 32765

A claim against the above-named Corporation will be barred unless a proceeding to enforce 5. the claim is commenced within four (4) years after the filing of this Notice.

EVANS GROVES, INC.

Arthur F. Evans, as President