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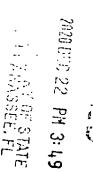
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT:	lution of Walling Crate Compa	nny	
DOCUMENT NU	JMBER:		
The enclosed Arti	cles of Dissolution and f	ee are submitted for filing	<u>.</u>
Please return all co	orrespondence concerning	g this matter to the follow	ing:
Fred A. Morrison			
	(Name of	Contact Person)	
McLin Burnsed P.A.			
	(Firm	n/Company)	
Post Office Box 4913	357		
	(A	ddress)	
Leesburg, Florida 34	749-1357		
	(City/Sta	te and Zip Code)	•
For further inform	ation concerning this ma	tter, please call:	
Fred A. Morrison		at (352) 787-1241	
(Name	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
□ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Walling Crute Company				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: September 23, 2020				
	November 30, 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.				
S	(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)				
ŀ	H. BENNETT WALLING				
	(Typed or printed name of person signing)				
	President				
•	(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: Walling Crate Company	
The above named corporation is the subject of dissolution and the effective date of a dissolution is:	
(date filed with the Dept. if date specified in the Articles of Dissolution)	
Description of information that must be included in a claim:	
Name and mailing address of Claimant	
Telephone Number of Claimant	
Amount and basis of claim	
Date claim was incurred or matured	
Any documentation supporting the claim	
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) Walling Crate Company	
c/o Fred A. Morrison, McLin Burnsed P.A.	
Post Office Box 491357	
Leesburg, Florida 34749-1357	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is comwithin 4 years after the filing of this notice.	mencec
Fred A. Morrison That a Marky	
Printed Name of the Person Filing Signature of the Person Filing	

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