

F32768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

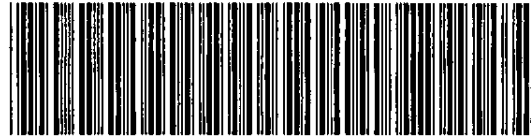
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/23/13--01055--014 **52.50

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13 SEP 23 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ERRINGTON & ERRINGTON, LTD.

ATTORNEYS AT LAW

Michael D. Errington
David R. Errington*
Tara J. Kestner

3626 SOUTH DETROIT AVENUE
TOLEDO, OHIO 43614

PH. (419) 382-6888
FAX (419) 385-4277

* Also admitted in Michigan

September 17, 2013

Florida Dept. of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

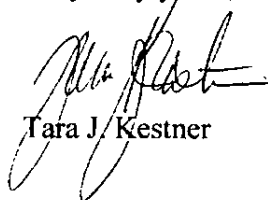
RE: NORTHERN FOOD SERVICES, INC.

Dear Sir or Madam:

Enclosed are the Certificate of Dissolution and Notice of Dissolution for the above mentioned limited partnership, as well as, a check made payable to the Florida Dept. of State in the sum of \$52.50 to cover the filing fees.

Please proceed with the filings and return copies of the confirmation to my office.

Very truly yours,



Tara J. Kestner

TJK/sah
Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: F32768

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

Please return all correspondence concerning this matter to the following:

Tara J. Kestner

(Name of Contact Person)

(Firm/Company)

3626 South Detroit Ave.

(Address)

Toledo, Ohio 43614

(City/State and Zip Code)

For further information concerning this matter, please call:

Tara Kestner

(Name of Contact Person)

at **(419) 382-6888**

(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

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TALLAHASSEE, FLORIDA

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:
NORTHERN FOOD SERVICES, INC.

SECOND: The document number of the corporation (if known): **F32768**

THIRD: The date dissolution was authorized: **8/26/2013**

Effective date of dissolution if applicable: **9/30/2013**
(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: _____

(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)

C. John Kronberg

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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: NORTHERN FOOD SERVICES, 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:

Name and Address of Creditor, amount, date and nature of claim.

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

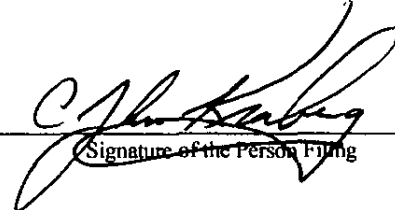
3626 South Detroit Ave.

Toledo, OH 43614

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.

C. John Kronberg

Printed Name of the Person Filing


Signature of the Person Filing

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TALLAHASSEE, FLORIDA