

G23807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status

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VD/with note

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN -5 PM 3:44

T. Roberts JAN 12 2003

**JAMES R. GUCKER**  
**ATTORNEY AT LAW**

31 S. Washington Street  
P.O. Box 340  
Tiffin, OH 44883



Phone: 419-443-9500  
Fax: 419-443-1668  
jrgucker@sbcglobal.net

December 31, 2008

Florida Department of State  
Division of Corporations  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

*Re: My Printer, Inc.*

To Whom It May Concern:

Please find enclosed the following documents:

1. Cover Letter
2. Original Articles of Dissolution
3. Original Notice of Corporate Dissolution
4. Check Number 165745 in the amount of Fifty-Two Dollars and 50/100 (\$52.50).

If you should have any questions or concerns at this time, please do not hesitate to contact my office. Thank you.

Very Truly Yours,

James R. Gucker  
Attorney at Law

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** My Printer, Inc.

**DOCUMENT NUMBER:** G23807

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

Please return all correspondence concerning this matter to the following:

James R. Gucker

(Name of Contact Person)

Attorney at Law

(Firm/Company)

31 S. Washington St. - PO Box 340

(Address)

Tiffin, OH 44883

(City/State and Zip Code)

For further information concerning this matter, please call:

James R. Gucker

(Name of Contact Person)

at ( 419 ) 443-9500

(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:

My Printer, Inc.

SECOND: The document number of the corporation (if known): G23807

THIRD: The date dissolution was authorized: 12/1/08

Effective date of dissolution if applicable: 12/31/08

(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: Michael C. Daughenbaugh

(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)

Michael C. Daughenbaugh

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 JAN -5 PM 3:44

## 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: My Printer, 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:

Amount of Claim

Copy of invoice or contract

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

James R. Gucker

Attorney at Law

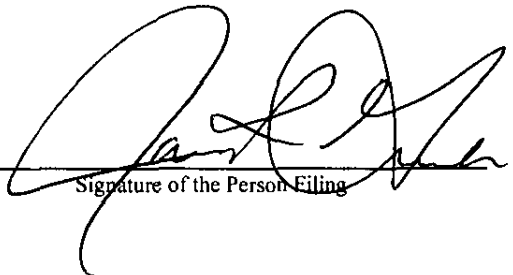
31 S. Washington St. PO Box 340

Tiffin, OH 44883

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.

James R. Gucker

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**