G36351

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

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TRANSMITTAL LETTER

| Division of Corporations | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| SUBJECT: WARD SERVICES, INC | | |
| DOCUMENT NUMBER: G36351 | | |
| The enclosed Articles of Dissolution and fe | e are submitted for filing. | |
| Please return all correspondence concerning | this matter to the following: | |
| JOHN A. WARD | | |
| (Name of P | 'erson) | |
| WARD SERVICES, INC. | * (6) | |
| (Name of F | irm/Company) | |
| 6190 COLLIER BLVD. | | |
| | (Address) | |
| NAPLES, FLORIDA 34114 | · | |
| (City/St | ate/and Zip Code) | |
| For further information concerning this matt | er, please call: | |
| JOHN A. WARD | at (<u>239</u>) <u>774-1880</u> | |
| (Name of Person) | (Area Code & Daytime | Felephone Number |
| Enclosed is a check for the following amoun | it: | :: L= |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status | Certified Copy Cert (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) | .50 Filing Fee, ifficate of Status & iffied Copy litional copy is losed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | STREET AI Amendmen Division of 409 E. Gain | t Section Corporations |

Tallahassee, Florida 32399

Tallahassee, Florida 32314

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 Department of Sta | te: | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|-------------|
| | WARD SERVICES, INC. | _ | | - |
| SECOND: | The document number of the corporation (if known): G 36351 | _ | | |
| THIRD: | The date dissolution was authorized: 10/31/2003 | _ | | |
| | Effective date of dissolution if applicable: 01/31/2004 (no more than 90 days after dissolution | file date |) | - |
| FOURTII: | Adoption of Dissolution (CHECK ONE) | | | |
| | Dissolution was approved by the shareholders. The number of votes c was sufficient for approval. | ast for | dissol | ution_ |
| | ☐ Dissolution was approved by of the shareholders through voting group | os. | | |
| | The following statement must be separately provided for each voting governers vote separately on the plan to dissolve: | у гоцр е | ntitle | d tò ∵∵. |
| | The number of votes cast for dissolution was sufficient for approval by | y Fr | . 1 0 | |
| | 100% OFF STOCKHOLDERS AND DIRECTORS | £., | JAN 20 | TI |
| | (voting group) | -SS | 2 | |
| | Signed this 15 day of JANUARY , 2004 | M _C | ∑ A | П |
| | Digited this | 0 1S | AH IO: | D |
| | 1.00/0 | RIDA | 56 | |
| Signat | | | | |
| | (D) a director, president or other officer - if directors or officers have not been selected, by an if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | i ncorpor | ator – | |
| | | | | |
| | JOHN A. WARD | | | |
| | (Typed or printed name of person signing) | _ | | |
| | SECRETARY | | | |
| | (Title of person signing) | _ | | |

Filing Fee: \$35

Notice of Corporate Dissolution

| This notice is submitted by the dissolved corporation name against this corporation as provided in s. 607.1407, F.S. | d below for resolution of payment of unknown claims |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| This "Notice of Corporate Dissolution" is optional and is n | not required when filing a voluntary dissolution. |
| Name of Corporation: WARD SERVICES, INC D/B/A/ E | ERIN'S ISLE RESTAURANT |
| Date of dissolution will be the date the dissolution is filed v specified in the Articles of Dissolution. | with the Department of State or as |
| Description of information that must be included in a claim | ± · · · · · · · · · · · · · · · · · · · |
| COMPLETE COPY OF UNPAID STATEMENTS | <u> </u> |
| INDICATING DATE OF DELIVERY AND SPECIFIC M | MATERIAL ON SERVICE RENDERED. |
| | |
| | |
| Mailing address where claims can be sent: (Claims cannot l | |
| WARD SERVICES, INC. | <u>-</u> |
| D/B/A ERIN'S ISLE RESTAURANT | |
| 6190 COLLIER BLVD. | <u></u> |
| NAPLES, FLORIDA 34114 | <u> </u> |
| A claim against the above named corporation will be barred is commenced within 4 years after the filing of this notice. | d unless a proceeding to enforce the claim |
| Printed Name of the Person Filing | Signature of the Person Filing |