

N92000001024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

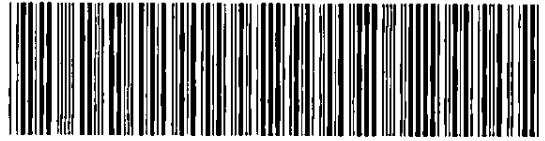
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



300429178123

05/02/24--01045--018 **43.75

2024 MAY -2 PM 6:05

171-1717

AB

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Walton Guard Inc. article of incorporation

DOCUMENT NUMBER: N92000001024

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

Please return all correspondence concerning this matter to the following:

John Mertins

(Name of Contact Person)

Walton Guard Inc.

(Firm/Company)

5765 Redoak Lane

(Address)

Milton, FL 32570

(City and State)

For further information concerning this matter, please call:

John Mertins

at (850

) 712-7350

(Name of Contact Person)

(Area Code)

(Telephone Number)

Enclosed is a check for the following:

☐ \$35 Filing Fee ☐ \$50 Filing Fee
Certificate of Status

\$3.75 Filing Fee
Certificate of Status
(Additional copy is enclosed)

\$52.50 Filing Fee, Certificate of
Status and 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 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Walton Guard, Inc.

SECOND: The document number of the corporation (if known): No 2000001024

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☒ The date of meeting of members at which the resolution to dissolve was adopted

December 3, 2023

_____ number of _____ votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the _____ director _____.

The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: June 2, 2024

(no more than 90 days after dissolution file date)

Note: If the date inserted in this field 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.

Signature: _____

(by the chairman or vice chairman, president, or officer- if officers have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

John N. Mertins

(Typed or printed name of person signing)

Secretary

_____ of person signing

Fee: \$5