P00000012435

Requestor's Name

JANE-ROBIN WENDER, P.A.
151 NORTHEAST 5TH AVENUE
DELRAY BEACH, FLORIDA 33483

900003590529--9
-01/29/01--01116--013
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN 29 PM 6:06

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

DK'ed By KB

Void is

V. SHEPARD JAN 31 2001

Examiner's Initials

CR2E031(7/97)

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ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Gator Maid of the Palm Beaches, Inc.

No longer in business as of 10/00 due to death of owner of corporation and only officer of corporation, Robert Alan Galloway, see attached death certificate

SECOND: The filing date of the articles of incorporation was: _____

THIRD: (CHECK ONE)

☑ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid. unknown

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 22 day of January, 2001.

Signature None living only officer/owner is deceased see attached

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

_____

(Typed or printed name)

_____

(Title)

VOID IF ALTERED OR ERASED

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO. 6000-10873

DECEDENT

Field	Entry
1. DECEDENT'S NAME (First, Middle, Last)	ROBERT ALAN GALLOWAY
2. SEX	MALE
3. DATE OF DEATH (Month, Day, Year)	FOUND ON OCTOBER 28, 2000
4. SOCIAL SECURITY NUMBER	593-07-6171
5a. AGE-Last Birthday (years)	30
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Month, Day, Year)	AUGUST 17, 1970
7. BIRTHPLACE (City and State or Foreign Country)	WEST PALM BEACH, FLORIDA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	NO
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: __ Inpatient __ ER/Outpatient __ DOA; OTHER: __ Nursing Home X Residence __ Other (Specify)	X Residence
9b. INSIDE CITY LIMITS? (Yes or No)	YES
9c. FACILITY NAME (If not institution, give street and number)	717 SUNNY PINE WAY
9d. CITY, TOWN, OR LOCATION OF DEATH	GREENACRES
9e. COUNTY OF DEATH	PALM BEACH
10a. DECEDENT'S USUAL OCCUPATION	CLEANING BUSINESS
10b. KIND OF BUSINESS/INDUSTRY	OWN BUSINESS
11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	MARRIED
12. SURVIVING SPOUSE (If wife, give maiden name)	NICOLE HESSEN
13a. RESIDENCE – STATE	FLORIDA
13b. COUNTY	PALM BEACH
13c. CITY, TOWN, OR LOCATION	GREENACRES
13d. STREET AND NUMBER	717 SUNNY PINE WAY
13e. INSIDE CITY LIMITS? (Yes or No)	YES
13f. ZIP CODE	33415
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	X No __ Yes
15. RACE – American Indian, Black, White, etc. (Specify)	WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	College: 2

PARENTS

Field	Entry
17. FATHER'S NAME (First, Middle, Last)	GEORGE ROBERT GALLOWAY
18. MOTHER'S NAME (First, Middle, Maiden Surname)	MARY JEAN CASTLE
19a. INFORMANT'S NAME (Type/Print)	GEORGE R. GALLOWAY
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3730 JEROME ROAD, LAKE WALES, FLORIDA 33853

DISPOSITION

Field	Entry
20a. METHOD OF DISPOSITION: X Burial __ Cremation __ Removal from State __ Donation __ Other (Specify)	X Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	LAKE WALES CEMETERY
20c. LOCATION – City or Town, State	LAKE WALES, FLORIDA
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	[signature]
21b. LICENSE NUMBER (of Licensee)	4527
21c. NAME AND ADDRESS OF FACILITY	MIZELL-FAVILLE-ZERN FH & CREMATION SERVICE, 4101 PARKER AVENUE, WEST PALM BEACH, FLORIDA 33405

CERTIFIER

Field	Entry
22a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title)	
22b. DATE SIGNED (Mo, Day, Yr)	
22c. HOUR OF DEATH	M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title)	[signature] MD/ME
23b. DATE SIGNED (Mo, Day, Yr)	OCTOBER 29, 2000
23c. HOUR OF DEATH	FOUND ABOUT 3:15P.M.
23d. MEDICAL EXAMINER'S CASE #	00-15-00847
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)	Noel Palma, M.D., M.E., 3126 Gun Club Road, West Palm Beach, FL 33406
25a. SUBREGISTRAR – SIGNATURE AND DATE	[signature] 10-31-00
25b. LOCAL REGISTRAR – SIGNATURE	[signature]
25c. DATE REGISTERED	NOV 02 2000

CAUSE OF DEATH BY CERTIFIER

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	GUNSHOT WOUND OF HEAD	MINUTES
b. DUE TO (OR AS A CONSEQUENCE OF)		
c. DUE TO (OR AS A CONSEQUENCE OF)		
d. DUE TO (OR AS A CONSEQUENCE OF)		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Field	Entry
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	
27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	YES
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	YES
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)	YES
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes No	
30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED	
30b. DATE OF SURGERY (Mo, Day, Year)	
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined	SUICIDE
32a. DATE OF INJURY (Month, Day, Year)	OCTOBER 27 OR 28, 2000
32b. TIME OF INJURY	EARLY AM TO EARLY AM
32c. INJURY AT WORK? (Yes or No)	NO
32d. DESCRIBE HOW INJURY OCCURRED	SHOT SELF
32e. PLACE OF INJURY – At home, farm, street, factory, etc. (Specify)	RESIDENCE
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	717 SUNNY PINE WAY GREENACRES FLORIDA

DH 512, 3/96 (Replaces HRS Form 512)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY [signature] November 2, 2000 State Registrar