101000055249

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	



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November 26, 2003

Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

Ref: Application for Dissolution

Dear Gentlemen:

Enclosed please find documents pertaining to our interest in dissolving RAYS PALLETS, INC. document number P01000055249

Please send all correspondence to:

Raymond Newkirk 2815-C Stoneway Lane Fort Pierce, FL 34982

Please call if you have any questions or if I may be of assistance.

Sincerely,

Raymond Newkirk

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PAY'S PA112TS
DOCUMENT NUMBER: P01000055249
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAYMOND NEWKIRK (Name of Person)
(Name of Person)
RAYS PALLETS, INC
(Name of Firm/Company)
5600 W. Midwag Road (Alidress)
Folt Pierce, FL 38982 (City/State/and Zip Code)
(City/State/and Zip Code)
For further information concerning this matter, please call:
RAYTOND NEWKIRK at (772) 359-0237 (Name of Person) (Area Code & Daytime Telephone Number
(Name of Person) (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$35 Filing Fee \$\ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street
Tallahassee, Florida 32314 Tallahassee, Florida 32399

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 State: The document number of the corporation (if known): PO / 000055249 SECOND: The date dissolution was authorized: Nou 18/ THIRD: Effective date of dissolution if applicable: Nou 18/03

(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 of 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) Signed this _____ day of

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)

(Typed or printed name of person signing)

Signature

(Title of person signing)

Filing Fee: \$35