## POTO00065091

(R	equestor's Name)	
(A	ddress)	
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(¢	ity/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
· (Business Entity Name)		
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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2008 MAY 23 PM 4: 07
SEGRETARY OF STATE

PAR 5/27/08 FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446

OFFICE USE ONLY

WALK-IN

**ENTITY NAME:** 

PFG RECEIVABLES CORPORATION

CK# 3319

AMOUNT \$43.75

PLEASE FILE THE ATTACHED DISSOLUTION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

FILED

## ARTICLES OF DISSOLUTION OF PFG RECEIVABLES CORPORATION

2008 MAY 23 PM 4: 07

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

May 23, 2008

PFG Receivables Corporation, a Florida corporation (the "<u>Corporation</u>"), does hereby certify as follows:

- 1. The name of the Corporation is PFG Receivables Corporation.
- 2. That the dissolution of the Corporation was authorized by written consent of the sole shareholder of the Corporation on May 23, 2008.
- 3. That the dissolution of the Corporation has been authorized by written consent of the sole shareholder of the Corporation entitled to vote in accordance with the provisions of Sections 607.1402 and 607.0704 of the Florida Business Corporation Act.
- 4. That these Articles of Dissolution shall be effective as of 4:07 PM Eastern Daylight Time on May 23, 2008.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

Dissolution to be signed by the undersigned officer as of the first date written above.

PFG RECEIVABLES CORPORATION

٠.

Βv: ˈ

Name:

Γitle:

## **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: PFG Receivables Corporation 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: Please see the attached requirements for filing a claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Performance Food Group Company, LLC 12500 West Creek Parkway Richmond, VA 23238 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.

## REQUIREMENTS FOR FILING A CLAIM

Claims must state the following information:

- 1. Name of claimant;
- 2. Address/telephone number where notice should be sent;
- 3. Whether the claim replaces a previously filed claim;
- 4. Basis for claim;
- 5. Date the claim was incurred;
- 6. Amount of claim at filing;
- 7. Supporting documents must be attached

All claims must be signed and submitted under the following declaration:

"I declare under penalty of perjury that the foregoing is true and correct.

Executed on [date]

[Signature]"