P03000029150

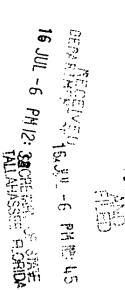
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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07/06/16--01023--026 **35.00



'JUL 6 2016

C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: FRANBERSON, INC.				
DOCUMENT NUMBER: P. 030000 29150				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARIA 6. CASPARY (Name of Contact Person)				
·				
FRANBERSON, INC				
(Firm/Company)				
(Address)				
TALLAHASSEE, FL 32308				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
MACIA CASPAN at (850) 566-6838 (Name of Contact Person) (Area Code) (Daytime Telephone Number)				
(Name of Contact Person) (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS: STREET ADDRESS:				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation subjects the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:				
	FRANBERSON INC				
SECOND:	The document number of the corporation (if known): P030000 29/50				
THIRD:	The date dissolution was authorized: 4ES				
	Effective date of dissolution if applicable: (no more than 40 days after dissolution file date) Note: If the date inserted in this block 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.				
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 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)				
	Signature: (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)				
	Maria Caspary (Typed or printed name of person signing)				
	Ores: Lent (Title of person signing)				



Filing Fee: \$35

Notice of Corporate Dissolution OF STATE FLORIDA

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:	FRANBERSO	in the	
Date of dissolution will be the of specified in the Articles of Diss	late the dissolution is filed with the olution.	Department of State or as	
Description of information that	must be included in a claim:		
		· · <u></u>	
_			
Mailing address where claims c	an be sent: (Claims cannot be sent t	to the Division of Corporations))
<i>3</i>			
17	.24 KATHRYN D	r.	
	MAHASSEE, =	FL 32308_	
			
,		,	
A claim against the above name	ed corporation will be barred unless	a proceeding to enforce the cla	im is commenced
within 4 years after the filing of		a proceeding to enforce the eta	
			_
A «		2.20	
MARIA Printed Name o	CASPAN Citing		<u> </u>