## 60400038181

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations SUBJECT: Dissolution of Corporation** DOCUMENT NUMBER: PO4000038181 The enclosed **Articles of Dissolution** and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Orville Jay White (Name of Contact Person) **Orville Jay White Services** (Firm/Company) 4911 Regnas Avenue (Address) Tampa, Fl. 33617 (City/State and Zip Code) For further information concerning this matter, please call: Orville Jay White (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee ✓\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## 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 Florida Department of State:		
	ORVILLE JAY WHITE SERVICES, INC.		
SECOND:	The document number of the corporation (if known): PO400038181		
THIRD:	The date dissolution was authorized: 12/30/2010		
	Effective date of dissolution <u>if applicable</u> : 12/31/2010  (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 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		
	There was only one group which was 100 % approval (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)		
	Orville J. White		
	(Typed or printed name of person signing)		
	PRESIDENT		
(Title of person signing)			

Filing Fee: \$35

## **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: ORVILLE JAY WHITE SERVICES, INC.

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:

THE CORPORATION OF ORVILLE JAY WHITE SERVICES, INC. HAS GONE
OUT OF BUSINESS AND WISHES TO DISSOLVE ITS ARTICLES OF
INCORPORATION. ALL DEBTS HAVE BEEN PAID AND ALL ASSETS
WERE SOLD TO PAY OFF ALL DEBTS BEFORE CLOSING DOWN THE
BUSINESS. THERE WAS ONLY ONE SHAREHOLDER WHO HELD A 100% SHARE.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ORVILLE J. WHITE			
4911 REGNAS AVENUE			
TAMPA, FL. 33617			

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.

ORVILLE J. WHITE

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00