

FD000126607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

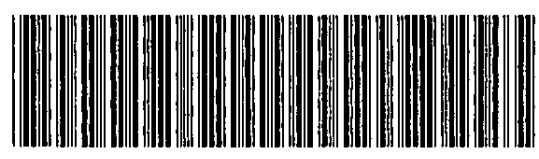
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800237551948

07/20/12--01006--004 \*\*35.00

FILED  
2012 JUL 20 AM 6:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
D. S. 7-18-12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** P04000126607

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Feyedelem

(Name of Contact Person)

Personal Representative Estate of Richard K. Garvin II

(Firm/Company)

3707 Galloway Rd

(Address)

Sandusky Ohio 44870

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Feyedelem

(Name of Contact Person)

at ( 419 ) 239-6162

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

 ☒ ~~\$35.00 Filing Fee~~

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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:

Reef Raider Rails Inc.

SECOND: The document number of the corporation (if known): P04000126607

THIRD: The date dissolution was authorized: July 16, 2012

Effective date of dissolution if applicable: July 16, 2012

(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

Dissolution due to death of Officer/Shareholder/Dn  
(voting group)

Letters of Administration enclosed

Death Certificate enclosed

Signature: Barbara A. Feyedelem  
(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)

Barbara Feyedelem

(Typed or printed name of person signing)

Personal Representative estate of Richard K. Garvin II

(Title of person signing)

Filing Fee: \$35

IN THE CIRCUIT COURT FOR CHARLOTTE  
COUNTY,  
FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF

RICHARD K. GARVIN II

Deceased.

File No. 12 - 914 - CP

Division

FILED  
2012 JUN 18 P 4:06  
CLERK OF THE CIRCUIT COURT  
CHARLOTTE COUNTY, FL

LETTERS OF ADMINISTRATION  
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Richard K. Garvin II, a resident of Charlotte County, Florida, died on May 12, 2012, owning assets in the State of Florida, and

WHEREAS, Barbara A. Feyedelem has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Barbara A. Feyedelem duly qualified under the laws of the State of Florida to act as personal representative of the estate of Richard K. Garvin II, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on June 18, 2012.

Christine Greeder

Circuit Judge

19 June 12  
Barbara T. Scott  
Clerk of the Circuit Court

## STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## OFFICE of VITAL STATISTICS

## FLORIDA CERTIFICATE OF DEATH

TYPE IN  
PERMANENT  
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>RICHARD K. GARVIN II</b>				2. SEX <b>MALE</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>January 25, 1957</b>		4a. AGE - Last Birthday (Years) <b>55</b>		4b. UNDER 1 DAY Months _____ Days _____ Hours _____ Minutes _____	
5. SOCIAL SECURITY NUMBER <b>295-58-3953</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Sandusky, Ohio</b>		8. COUNTY OF DEATH <b>CHARLOTTE</b>	
9. PLACE OF DEATH (Check only one) HOSPITAL: _____ Inpatient _____ Emergency Room/Outpatient _____ Dead on Arrival NON-HOSPITAL: _____ Hospice facility _____ Nursing Home/Long Term Care Facility _____ Decedent's Home _____ Other (Specify) _____					
10. FACILITY NAME (If not institution, give street address) <b>22449 VALE AVENUE</b>				11a. CITY, TOWN, OR LOCATION OF DEATH <b>PORT CHARLOTTE</b>	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married				13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) _____	
14a. RESIDENCE - STATE <b>Florida</b>		14b. COUNTY <b>Charlotte</b>		14c. CITY, TOWN, OR LOCATION <b>Port Charlotte</b>	
14d. STREET ADDRESS <b>22449 Vale Avenue</b>		14e. APT. NO. _____		14f. ZIP CODE <b>33980</b>	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) <b>Owner</b>				15b. KIND OF BUSINESS/INDUSTRY <b>Welding</b>	
16. DECEDENT'S RACE (Specify the responses to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): _____ <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					
19. FATHER'S NAME (First, Middle, Last, Suffix) <b>Richard K. Garvin</b>				20. MOTHER'S NAME (First, Middle, Last, Suffix) <b>Ann T. Keating</b>	
21. INFORMANT'S NAME <b>Barbara Feyedelem</b>		22. RELATIONSHIP TO DECEDENT <b>Sister</b>		23. INFORMANT'S MAILING - STATE <b>Ohio</b>	
24. CITY OR TOWN <b>Sandusky</b>		25. STREET ADDRESS <b>3707 Galloway Road</b>		26. ZIP CODE <b>44870</b>	
27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Brasota Services, Inc.</b>		28. LOCATION - STATE <b>Florida</b>		29. LOCATION - CITY OR TOWN <b>Sarasota</b>	
30. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____					
31. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. LICENSE NUMBER (of Licensee) <b>F046813</b>		33. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
34. NAME OF FUNERAL FACILITY <b>Larry Taylor Funeral and Cremation Services</b>				35. FACILITY'S MAILING - STATE <b>Florida</b>	
36. CITY OR TOWN <b>Punta Gorda</b>		37. STREET ADDRESS <b>1515 Tamiami Trail</b>		38. ZIP CODE <b>33950</b>	
39. CERTIFIER: <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.					
39a. SIGNATURE and Title of Certifier <i>[Signature]</i> <b>W.D.M.E.</b>		39b. DATE EXAMINED (mm/dd/yyyy) <b>05/14/2012</b>		39c. TIME OF DEATH (24 hr.) <b>AB. 0030</b>	
39d. LICENSE NUMBER (of Certifier) <b>ME 0023662</b>		39e. CERTIFIER'S NAME <b>R.H. INAMI, M.D., DME</b>		39f. NAME OF ATTENDING PHYSICIAN (If other than Certifier) _____	
39g. CERTIFIER'S STATE <b>FLORIDA</b>		39h. CITY OR TOWN <b>PORT CHARLOTTE</b>		39i. STREET ADDRESS <b>18130 PAULSON DRIVE</b>	
39j. ZIP CODE <b>33954</b>		39k. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>May 17, 2012</b>			

*Mary Kay Burns, L.R.*

May 17, 2012

**CHARLOTTE COUNTY HEALTH DEPT, 1100 LOVELAND BLV., FT CHARLOTTE, FL 33903**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
**WARNING:** THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT:

DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

