

PA5000026504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

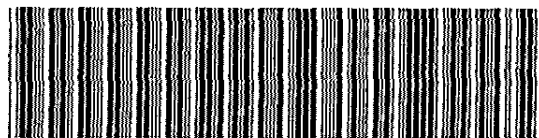
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03/10/05--01013--007 **35.00

2005 APR 11 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dissolution w/notice
LPS
4-11-05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 04 R Wholesale Produce Inc.

DOCUMENT NUMBER: POS 0000 26504

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

Please return all correspondence concerning this matter to the following:

Thomas Orozco
(Name of Person)

2755 Barrett Ave
(Name of Firm/Company)

(Address)

Naples, FL 34112
(City/State/and Zip Code)

For further information concerning this matter, please call:

Thomas Orozco at (239) 450-2576
(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 ☐ \$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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 17, 2005

TOMAS OROZCO
2755 BARRETT AVE
NAPLES, FL 34112

SUBJECT: O & R WHOLESALE PRODUCE, INC.
Ref. Number: P05000026504

We have received your document for O & R WHOLESALE PRODUCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 605A00018393

RECEIVED
APR 11 AM 9:24
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

O R R Wholesale Produce, Inc

SECOND: The document number of the corporation (if known): POS 000026507

THIRD: The file date of the articles of incorporation was: 2-21-2005

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 1st day of April, 2005.

Signature: [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.)

TOMAS ORAZCO
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILED
2005 APR 11 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: O & R Wholesale Produce, 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:

Name
Address
Telephone #
Contact Person
Nature of Claim

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

Tommy Orozco
2755 Barrett Ave
Norfolk, VA 24112

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.

Tommy Orozco [Signature]
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