POS000073613

(Re	equestor's Name)	
(Ad	ddress)	, .
(Ad	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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05/05/15--01009--008 **35.00

2015 MAY -5 AM 10: 52 SECRETARY OF STATE

MAY 1 2 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations	e		
SUBJECT: DISSOLUTION OF	AVERY'S WE	sing Inc.	
DOCUMENT NUMBER:	00073613		
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning	this matter to the follow	ving:	
WILLIA	m Avery Contact Person		
(Name of C	Contact Person)		
(Firm	/Company)		
	EDOMOO GAAN dress)	T RD.	
DELEDIK S (City/State	e and Zip Code)	32,130	
For further information concerning this matter, please call:			
EUSET, PHILLES) (Name of Contact Person)	at (<u>386)</u> (Area Code)	785 -0466 (Daytime Telephone Number)	
Enclosed is a check for the following amour	nt:		
\$35 Filing Fee \$\sum \$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	Ame Divi Clift	EET ADDRESS: endment Section sion of Corporations on Building 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:	
	AVERY'S WEIDING INC.	
SECOND:	The document number of the corporation (if known): P05000073413	
THIRD:	The date dissolution was authorized: 04/30/20/5	ı
	Effective date of dissolution if applicable: 05/01/30/5	:
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval.	1
	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	
	ALL SHAREHOLDERS (VOIng group)	
	Signature: William Co	
	(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)	
	WILLIAM AVERY (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: AVERY'S WEIDING 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:
FULL NAME AND ADDRESS OF INDIVIDUAL OR ENTITY
MAKING THE CLAIM; DOCUMENTATION SUPPORTING
THE AMOUNT OF CLAIM BEING MADE AGAINST THE
CARPORATION.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1501 ARREDONDO GRANT RA. DELEON SPRINGS, FL 32130
DELEON SPRINGS, FL 32130
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.
WILLIAM AVERY Printed Name of the Person Filing Signature of the Person Filing