P0500075911

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FILED
2009 NOV 17 PH 2: 50
SEGRETARY OF STATE

DF 19109

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Articles of Dissolution
DOCUMENT NUMBER: 70500075911
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Walker J. Edwards Jr. (Name of Contact Person)
Walker Edwards PA (Firm/Company)
Via Emilia No. 20. (Address)
ASSEMINI, Cagliari, 09032 Italy (City/State and Zip Code)
For further information concerning this matter, please call: email
Walter_edwards@hotmail.com Walter Edwards at()
(Name of Contact Person) at () (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \\$43.75 Filing Fee & \$\times \\$43.75 Filing Fee & \$\times \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

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

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

ARTICLES OF DISSOLUTION

	ARTICLES OF DISSOLUTION
Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on: SECONDARY SECOND
FIRST:	The name of the corporation as currently filed with the Florida Department of Scate FLORIDA
	Malker EDWARDS PA
SECOND:	The document number of the corporation (if known): P0500075911
THIRD:	The date dissolution was authorized: MArch Ø1, 2009
	Effective date of dissolution if applicable: MArch Ø1, 2009 (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
	(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)
	Ma Iter J. Edwards Jr. (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. ALKER EDWARDS PA Name of Corporation: 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: Claimant, Address for Correspondence & fayment terson Name, address & Phone number & email address ion of Claim, amount, date occurred & Product or Service Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) aglian 09032, Ita 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.

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