

POB 000147441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

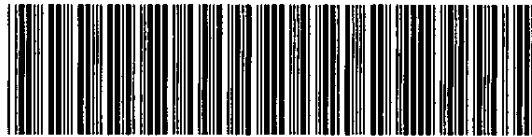
(Business Entity Name)

(Document Number)

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

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Office Use Only



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12/29/08--01027--023 \*\*35.00

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2008 DEC 29 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JAN 7 2009

# CORSARO & ASSOCIATES CO., LPA

28039 CLEMENS ROAD  
WESTLAKE, OH 44145  
(440) 871-4022/TELEPHONE  
(440) 871-9567/FACSIMILE

December 23, 2008

FLORIDA DEPARTMENT OF STATE  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee FL 32314

Re: Dissolution of H. L. Zink Incorporated  
Document No.: P06000147441

Dear Sir or Madam:

Enclosed herewith please find the following:

- A Cover letter regarding the dissolution of H. L. Zink, Incorporated;
- A copy of the Articles of Dissolution executed by President of H. L. Zink, Incorporated; and
- A Notice of Corporate Dissolution Form executed by the President of H. L. Zink, Incorporated; and
- A check in the amount of \$35.00 to cover the filing fee associated with this Dissolution.

Please forward any certificate or other correspondence evidencing the dissolution to my attention. Should you have any questions and/or concerns, please do not hesitate to contact my office.

Sincerely,  
CORSARO & ASSOCIATES CO., LPA



By: Joseph G. Corsaro, Esq.

SRP/am

Enclosures

cc: Mr. Harold L. Zink (w/o encls.)  
Duane L. Yoder, CPA (w/o encls.)

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of H. L. Zink, Incorporated

**DOCUMENT NUMBER:** P06000147441

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

Please return all correspondence concerning this matter to the following:

Scott R. Poe, Esq.

(Name of Contact Person)

Corsaro & Associates Co., LPA

(Firm/Company)

28039 Clemens Road

(Address)

Westlake, OH 44145

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott R. Poe

(Name of Contact Person)

at ( 440 ) 871-4022

(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, 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:  
H. L. Zink, Incorporated

SECOND: The document number of the corporation (if known): P06000147441

THIRD: The date dissolution was authorized: June 30, 2008

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

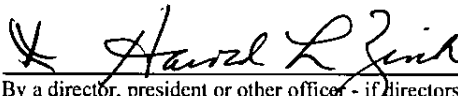
FOURTH: Adoption of Dissolution (CHECK ONE)

- 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)

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 TALLAHASSEE, FLORIDA  
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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)

Harold L. Zink  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35**

## Noticé of Córporate 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: H. L. Zink Incorporated

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 name, address and telephone number of the claimant; the name, address, and  
telephone number of the representative or Counsel of the claimant; the date on  
which the claim arose; a description as to the nature of the claim, including the  
facts regarding how the claim arose; the amount of the claim.

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

c/o Corsaro & Associates Co., LPA

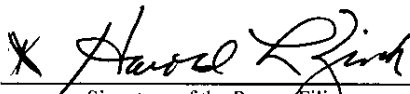
28039 Clemens Road

Westlake, Ohio 44145

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.

Harold L. Zink

Printed Name of the Person Filing

X   
Signature of the Person Filing

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