

PD7000053793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

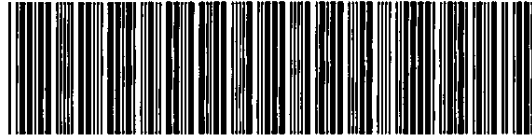
Certified Copies _____ Certificates of Status _____

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Filed w/ copy of Death cert.

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 19 AM 11:13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Magazines Unlimited INC.

DOCUMENT NUMBER: P07000053793

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

Please return all correspondence concerning this matter to the following:

Deborah Bergfeld
(Name of Contact Person)

(Firm/Company)

4435 6th Ave N.
(Address)

St. Petersburg FL 33713
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Bergfeld at (727) 2442906
(Name of Contact 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, FL 32314

STREET ADDRESS:

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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

Magazines Unlimited INC.

SECOND: The document number of the corporation (if known): P07000053793

THIRD: The file date of the articles of incorporation: 5/3/07

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.

OWNER IS DECEASED
Copy of death certificate is enclosed

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.)

Deborah Bergfeld

(Typed or printed name of person signing)

personal representative

(Title of Person Signing)

FILED STATE
SECRETARY OF CORPORATIONS
07 JUL 19 AM 11:11

Filing Fee: \$35

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) John K. Baudine Jr.		2. SEX Male									
3. DATE OF BIRTH (Month, Day, Year) September 15, 1932		4a. AGE-Last Birthday (Years) 74		4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes		5. DATE OF DEATH (Month, Day, Year) June 18, 2007			
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State, or Foreign Country) Louisiana Parrish, Louisiana				8. COUNTY OF DEATH Pinellas					
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead On Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)											
10. FACILITY NAME (If not institution, give street address) St. Petersburg General Hospital						11a. CITY, TOWN, OR LOCATION OF DEATH Saint Petersburg		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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 Florida		14b. COUNTY Pinellas		14c. CITY, TOWN, OR LOCATION Saint Petersburg		14d. APT. NO. Lot #135		14e. ZIP CODE 33709		14f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Do not use "Retired" Sales Person						15b. KIND OF BUSINESS/INDUSTRY Magazines					
16. DECEDENT'S RACE (Specify the race/races 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/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)											
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 type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input checked="" type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate										19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. FATHER'S NAME (First, Middle, Last, Suffix) John K. Baudine, Sr.				21. MOTHER'S NAME (First, Middle, Maiden Surname) Unavailable Unavailable							
22a. INFORMANT'S NAME Deborah A. Bergfeld				22b. RELATIONSHIP TO DECEDENT Step-daughter		23a. INFORMANT'S MAILING - STATE Florida					
23b. CITY OR TOWN Saint Petersburg		23c. STREET ADDRESS 4435 6th Avenue North				23d. ZIP CODE 33713					
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Director's Service, Inc.				25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN Saint Petersburg					
26a. 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)											
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27a. LICENSE NUMBER (of Licensee) 1566		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Richard P. Huescher					
28. NAME OF FUNERAL FACILITY R. Lee Williams & Son Funeral Home				29a. FACILITY'S MAILING - STATE Florida							
29b. CITY OR TOWN St. Petersburg		29c. STREET ADDRESS 3530 49th Street N.				29d. ZIP CODE 33710					
30. CERTIFIER: <input checked="" 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 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											
31a. SIGNATURE AND TITLE OF Certifier MD				31b. DATE SIGNED (mm/dd/yyyy) 06/26/2007		32. TIME OF DEATH (24 hr.) 1145		33. MEDICAL EXAMINER'S CASE NUMBER			
34a. LICENSE NUMBER (of Certifier) ME78967		34b. CERTIFIER'S NAME Milind Shastri, MD				35. NAME OF ATTENDING PHYSICIAN (if other than Certifier)					
36a. CERTIFIER'S - STATE Florida		36b. CITY OR TOWN Saint Petersburg		36c. STREET ADDRESS 5800- 49th Street North, #108S		36d. ZIP CODE 33709					
37. SUBREGISTRAR - Signature and Date Barbara M. Sarner				38a. LOCAL REGISTRAR - Signature Shearon B. Miller		38b. DATE FILED BY REGISTRAR (Mo. Day, Yr.) June 28 2007					

Barbara M. Sarner
Chief Deputy Registrar, Pinellas County

Issued: June 29, 2007

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 A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1946 (08-04)

CERTIFICATION OF VITAL RECORD

41122188

FLORIDA DEPARTMENT OF
HEALTH