

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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MAR 28 2014 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sam Patterson Inc. dis
DOCUMENT NUMBER: FOLOGOOO 187/
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sam Patterson (Name of Contact Person)
(Figure of Contact Posson)
(Firm/Company)
2370 Tomoka Woods Pking
(Address)
2370 Tomoka Woods Pkuy (Address) De Leou Springs Fla 32133 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (386) 45/- 8562 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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		
	Sam Patterson Inc	_•	
SECOND:	The document number of the corporation (if known): POSOOO g	00187	_
ΓHIRD:			
	Effective date of dissolution if applicable: 3-26-14 (no more than 90 days after dissolution if applicable)	ion file date)	_
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes ca was sufficient for approval.	st for dissoluti	on
	☐ Dissolution was approved by the shareholders through voting groups.	○	
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by	2 % 78 2: 29	
	(voting group)	2: 29 1:A re 0:RIDA	
	(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)	, y	
	Typed or printed name of person signing)		
	(Title of person signing)		
	CLINE OF DETSON STORING (

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