

P11000022862

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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04/13/18--01012--009 \*\*35.00

2018-04-13 PM 2:34

C. GOLDEN

APR 16 2018

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# RKPT

A Legal Professional Association

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<sup>1</sup> Also Admitted in Florida  
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April 9, 2018

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


Gentlemen:

Re: S. A. Wilson & Associates, Inc.  
RKPT File No. C1291 A001

Enclosed is an original and one copy of the Articles of Dissolution for the above-referenced corporation, along with a check in the amount of \$35.00 for the filing fee and certified copy. Please file these documents and return the file-stamped copy to me in the enclosed postage-paid envelope.

Thank you for your cooperation. If you have any questions, please give me a call.

Very truly yours,



Susan L. Yeager  
Paralegal

Enclosures

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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FIRST: The name of the corporation as currently filed with the Florida Department of State:  
S. A. Wilson & Associates, Inc.

SECOND: The document number of the corporation (if known): P11000022862

THIRD: The date dissolution was authorized: 12-1-17

Effective date of dissolution if applicable: \_\_\_\_\_

(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 will not be listed as the document's effective date on the Department of State's records.

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

The holders of the common stock of the corporation

(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)

Steven A. Wilson

(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: S. A. Wilson & Associates, 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:

All claims shall be presented in writing and shall identify the claimant and contain sufficient information to

reasonably inform the corporation of the substance of the claim, including name and address of claimant and the

amount and nature of the claim

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

c/o Fredric J. Robbins, Esq., Robbins, Kelly, Patterson & Tucker

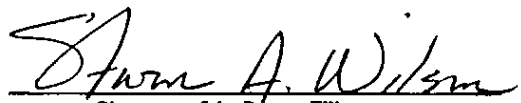
7 W. Seventh Street, Suite 1400

Cincinnati, OH 45202

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.

Steven A. Wilson

Printed Name of the Person Filing

  
Signature of the Person Filing

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