

P12 000085730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

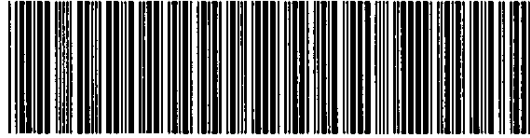
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/27/16--01023--011 \*\*10.00

08/25/16--01011--007 \*\*25.00

2016 SEP 27 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

SEP 28 2015  
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2016

MARIA C GARCERANT  
2340 N 62 AVE  
HOLLYWOOD, FL 33024

SUBJECT: WALTER A. FRANCO INC  
Ref. Number: P12000085130

We have received your document for WALTER A. FRANCO INC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 316A00019159

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WALTER FRANCO, INC.

**DOCUMENT NUMBER:** P1200 0085130

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

Please return all correspondence concerning this matter to the following:

MARIA C. GARCEANT  
(Name of Contact Person)

WALTER A. FRANCO, INC  
(Firm/Company)

2340 N. 62 AVENUE.  
(Address)

Hollywood FL 33024  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA C. GARCEANT at ( 954 812 5615 )  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| check \$25 <sup>00</sup> already sent               |   |  |   |
| check 910 <sup>00</sup> balance                     |   |  |   |

**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:

WAITER A. FRANCO, Inc.

SECOND: The document number of the corporation (if known): P12000085130

THIRD: The date dissolution was authorized: September 9, 2016

Effective date of dissolution if applicable: August 17, 2016  
(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:

WAITER A. FRANCO, Inc.

(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)

MARIA C. GARCIERANT

(Typed or printed name of person signing)

President

(Title of person signing)

FILED  
216 SEP 27 PM 7:09  
TERRARY OF S  
STATE OF FLORIDA

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: WALTER A. FRANCO 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:

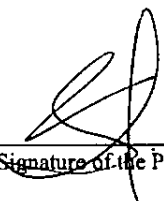
COMPANY NOT MAKING PROFIT  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2340 N. 62 AVENUE  
HOLLYWOOD FL 33024.  
\_\_\_\_\_  
\_\_\_\_\_

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.

MARIA C. GARCEANT  
Printed Name of the Person Filing

  
Signature of the Person Filing