P1700070322

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Certificates of Status
o Filing Officer:

Office Use Only



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C. GOLDEN DEC 1 8 2018

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Disolution of corporati	on	
DOCUMENT NUMBER: P17	7000070322	
The enclosed Articles of Dissol	ution and fee are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
WILLIAMS ESTHER H		
·	(Name of Contact Person)	
Civic F	ood Corp	
	(Firm/Company)	
1048 BLACK WALNUT TRAIL		
	(Address)	
PENSACOLA FLORIDA 32514		
	(City/State and Zip Code)	
For further information concern	ing this matter, please call:	
WILLIAMS ESTHER	8507768204 at (
(Name of Contact Per		time Telephone Number)
Enclosed is a check for the follo	owing amount:	
■ \$35 Filing Fee □ \$43.75 Fil Certificate	(Additional copy is Ceenclosed) (A	52.50 Filing Fee. ertificate of Status & ertified Copy additional copy is enclosed)
MAILING ADDRESS:	STREET A	ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

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: CIVIC FOOD CORP
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	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
	WILLIAMS ESTHER H
	(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)
	WILLIAMS ESTHER H
	(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:___ 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: BUSINESS IS CLOSED ON NOVEMBER 19, 2018. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1048 BLACK WALNUT TRAIL, PENSACOLA FLORIDA 32514 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. WILLIAMS ESTHER Printed Name of the Person Filing