194000047893

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
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(Do	cument Number)	•
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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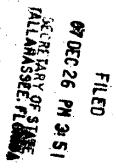




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COVER LETTER

TO: Amendment Section Division of Corporations	•	
SUBJECT: Edgington Enterprises, Inc.		
DOCUMENT NUMBER: P94000047893		
The enclosed Articles of Dissolution and fee are submitted fo	r filing.	
Please return all correspondence concerning this matter to the	following:	
Anita R. Geraci, Esquire		
(Name of Contact Person)		
Law Office of Anita R. Geraci, P.A.		
(Firm/Company)		
1560 Bloxam Avenue		
(Address)		
Clermont, FL 34711		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Anita R. Geraci at (352	243-2801	
	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$\square\$\square\text{\$\sq\ar\text{	Certificate of Status &	
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:
	Edgington Enterprises, Inc.
SECOND:	The document number of the corporation (if known): P94000047893
THIRD:	The date dissolution was authorized: December 21, 2007
	Effective date of dissolution <u>if applicable</u> : December 21, 2007 (no more than 90 days after dissolution file date)
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 entitles to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	n/a
	(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)
	Philip A. Edgington (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: Edgington Enterprises, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
The claimant's name and address:
The claimant's telephone number and contact person.
The amount of the claim.
The circumstances giving rise to the claim.
Copy of any document(s) relating to the claim.
Mailing address where alaims can be cent: (Claims cannot be cent to the Division of Cornerations)

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

The Law Office Of Anita R. Geraci, P.A.	
Anita R. Geraci, Esquire	
1560 Bloxam Avenue	
Clermont, FL 34711	

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.

Philip A. Edgington

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