

P98000018132

(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



900258406969

04/07/14--01006--009 \*\*43.75

APPROVED  
AND  
FILED  
14 APR - 7 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR 10 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Seminole Stoneworks Inc.

**DOCUMENT NUMBER:** P98000018132

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

Please return all correspondence concerning this matter to the following:

Craig Mewhorter  
(Name of Contact Person)  
President of Seminole Stoneworks  
(Firm/Company)  
3050 New Haven Place  
(Address)  
Mt Dora FL 32757  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathie Mewhorter at (407) 920-5383  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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

APPROVED  
AND  
FILED

14 APR -7 PM 2:40

## 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:

Seminole Stoneworks Inc.

SECOND: The document number of the corporation (if known): P98000018132

THIRD: The date dissolution was authorized: March 31, 2014

Effective date of dissolution if applicable: \_\_\_\_\_  
(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 entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(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)

Craig V Mewhorter  
(Typed or printed name of person signing)

President / Sole Owner 100%  
(Title of person signing)

Filing Fee: \$35

APPROVED  
AND  
FILED

## Notice of Corporate Dissolution

14 APR -7 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Seminole Stoneworks 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:

- Claim, claim date, contact  
information

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

Craig Mewhorter  
3050 New Haven Place  
Mt Dora FL 32757

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.

Craig V Mewhorter  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing