P98000 03390

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	<i>#</i>)
PICK-UP	WAIT	MAIL.
(Bu	usiness Entity Nam	ie)
(Document Number)		
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10/20/10--01012--022 **43.75

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EFFECTIVE DATE 10.30.2010 ALL DISSILLO

COVER LETTER

Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER: P98000103390	
DOCUMENT NUMBER: 1 90000 105590	
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
	Š
William Gary Lister	
(Name of Contact Person)	1
	,
Bay Framing Inc.	
(Firm/Company)	
341 South MacArthur Av,	
(Address)	
Panama City FI, 32401	
(City/State and Zip Code	<u> </u>
	,
For further information concerning this matter, please call:	
Gary Lister at (850) ₎ 872-2989
	a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee Certificate of Status Certified Con	
Certificate of Status Certified Cop (Additional co	
enclosed)	(Additional copy is
	enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassas El 22214	2661 Evanutiva Center Circle

Tallahassee, FL 32301

EFFECTIVE DATE 10.30.2010

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:		
	Bay Framing Inc.		
SECOND:	The document number of the corporation (if known): P98000103390		
THIRD:	The date dissolution was authorized: July 30 2010		
	Effective date of dissolution if applicable: 10/30/2010 (no more than 90 days after dissolution)	n file date)	
FOURTH:			
	 ✓ Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. ☐ Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group to vote separately on the plan to dissolve: 		
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group) Signature:	SECRETARY OF STATE A SECRETARY OF STATE A SEE: FLORIDA TALLAHASSEE: FLOR	
, ;	(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) William Gary Lister		
:	President (Title of person signing)		

Filing Fee: \$35