Division of Corporations Electronic Filing Cover Sheet

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(((H10000271476 3)))



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To:

Division of Corporations

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From:

Account Name

: HENDERSON, FRANKLIN, STARNES & HOLT, P.A

Account Number: 075410002172

Phone

: (239)344-1100

Fax Number

: (239)344-1200

## DISSOLUTION OR WITHDRAWAL FERRELL SANFORD STUDIO, INC.

Certificate of Status	0
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NOTE EFFECTIVE DATE

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dissolution

## 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 S	
	FERRELL SANFORD STUDIO, INC.	
SECOND:	The document number of the corporation (if known): P99000097083	
THIRD:	The date dissolution was authorized: DECEMBER 17, 2010	
	Effective date of dissolution <u>if applicable:</u> DECEMBER 31, 2010 (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 disso 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)	
S	ignature:	
3.	(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)	
7	TONI L. FERRELL	
	(Typed or printed name of person signing)	
F	PRESIDENT	
_	(Title of person signing)	

Filing Fee: \$35

**C.** 6

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## **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: FERRELL SANFORD STUDIO, 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:
Name and address of claimant:
•
Subject matter, date, amount of claim:
Any other material information pertaining to the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
FERRELL SANFORD STUDIO, INC.
4632 SEMINOLE STREET
FORT MYERS, FL 33905
ATTN: TONI L. FERRELL
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.
TONIL. FERRELL
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

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