

V65061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

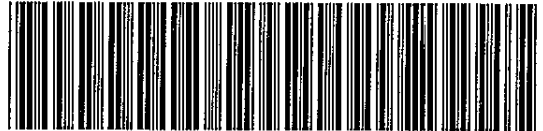
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01/11/06--01033--021 **35.00

FILED

06 JAN 11 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SNOWDEN S. MOWRY

Attorney At Law

217 Nassau Street South
Venice, FL 34285
Phone (941) 480-0333
Fax (941) 486-4106

Estate Planning
Guardianship
Probate

January 9, 2006

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: **A.R.S. 2, Inc.**
Document No. V65061

Dear Amendment Section:

Enclosed please find the following documents in order to dissolve the above-referenced corporation:

1. Completed Cover Letter form;
2. Completed Articles of Dissolution form;
3. Copy of the Letters of Administration;
4. Copy of the Death Certificate for Steven W. Jones; and
5. A check for \$35.00.

Should you require any additional documents, please feel free to contact our office.

Sincerely,



Toni Pradetto
Legal Assistant to
Snowden S. Mowry

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A. R. S. 2, Inc.

DOCUMENT NUMBER: V65061

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

Please return all correspondence concerning this matter to the following:

Jerry W. Jones

(Name of Contact Person)

c/o Snowden S. Mowry, Attorney at Law

(Firm/Company)

217 Nassau Street South

(Address)

Venice, FL 34285

(City/State and Zip Code)

For further information concerning this matter, please call:

Jerry W. Jones

(Name of Contact Person)

at (941) 423-8392

(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

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:

A. R. S. 2, Inc.

SECOND: The document number of the corporation (if known): V65061

THIRD: The date dissolution was authorized: 1-5-06

Effective date of dissolution if applicable: 1-5-06

(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.

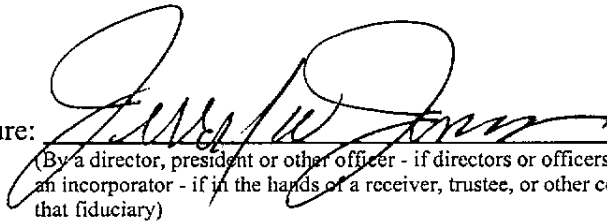
☐ Dissolution was approved by of the shareholders through voting groups.

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)

Jerry W. Jones

(Typed or printed name of person signing)

Personal Representative for Estate of Steven W. Jones

(Title of person signing)

Filing Fee: \$35

FILED
06 JAN 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECORDED IN OFFICIAL RECORDS
INSTRUMENT # 2005258867 1 PG

2005 NOV 21 01:29 PM

KAREN E. RUSHING
CLERK OF THE CIRCUIT COURT
SARASOTA COUNTY, FLORIDA
MTAYLOR Receipt#715239

IN THE CIRCUIT COURT FOR SARASOTA COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

STEVEN W. JONES

File No.:

Division: Probate

Deceased.

2005CP11138 SC

2005258867

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, STEVEN W. JONES, a resident of Sarasota County, Florida, died on October 15, 2005, owning assets in the State of Florida, and

WHEREAS, JERRY JONES has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare JERRY JONES duly qualified under the laws of the State of Florida to act as personal representative of the estate of STEVEN W. JONES, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on Nov 21, 2005.

Circuit Judge

cc: Snowden S. Mowry, Esq.



"STATE OF FLORIDA, COUNTY OF SARASOTA
I hereby certify that the foregoing is a true and correct copy
of pages _____ through _____ of instrument # _____
this case. The Original instrument filed on _____
page _____. No Order of Discharge has been issued in this estate.

☒ This copy has no redactions. ☐ This copy has been
redacted pursuant to F.S. _____

Witness my hand and official seal this _____ day of
NOV 21 2005
KAREN E. RUSHING, Clerk of the Circuit Court
By: _____
Deputy Clerk

Case: 2005 CP 011138 SC

2005258867
Dkt: LTRACHR

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN
PERMANENT
BLACK INK

LOCAL FILE NO.

165

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Steven Wayne Jones		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) February 2, 1955		4. AGE (Last Birthday) 50	
5. SOCIAL SECURITY NUMBER 279-58-1181		6. COUNTY OF DEATH Sarasota	
7. BIRTHPLACE (City and State of Foreign Country) Dayton, Ohio		8. COUNTY OF DEATH Sarasota	
9. PLACE OF DEATH HOSPITAL: Emergency Room/Department Nursing Home/Long Term Care Facility Other (Specify): Gulf of Mexico		10. FACILITY NAME (If Institution, give street address) Latitude 27-04.540 North, Longitude 082-28.028 West	
11. CITY, TOWN, OR LOCATION OF DEATH Venice		12. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
13. MARITAL STATUS (Specify) Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/>		14. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Valerie Nyberg	
15. RESIDENCE - STATE Florida		16. COUNTY Sarasota	
17. STREET ADDRESS 415 Falkland Road		18. CITY, TOWN, OR LOCATION Venice	
19. APT. NO. 141		20. ZIP CODE 34293	
21. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		22. KIND OF BUSINESS/INDUSTRY Mechanic Shop	
23. DECEDENT'S RACE (Specify the race/ethnicity to which the decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify)		24. DECEDENT'S HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin) Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/>	
25. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death) <input type="checkbox"/> Illiterate <input type="checkbox"/> High school, no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College (Specify) <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Doctorate		26. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
27. FATHER'S NAME (First, Middle, Last, Suffix) Jerry Jones		28. MOTHER'S NAME (First, Middle, Maiden Surname) Valerie Nyberg	
29. INFORMANT'S NAME Valerie Jones		30. RELATIONSHIP TO DECEDENT Mother	
31. CITY OR TOWN Dayton		32. STREET ADDRESS 324 Randolph Avenue	
33. ZIP CODE 45405		34. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Fairview Cemetery	
35. METHOD OF DISPOSITION Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Burial (Not State) <input type="checkbox"/> Other (Specify)		36. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
37. LICENSE NUMBER (of Licensee) 6140		38. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH N. V. V. V.	
39. NAME OF FUNERAL FACILITY Farley Funeral Home, Inc.		40. FACILITY'S MAILING - STATE Florida	
41. CITY OR TOWN Venice		42. STREET ADDRESS 265 S. Nokomis Avenue	
43. ZIP CODE 34285		44. DATE SIGNED (mm/dd/yyyy) 10/18/2005	
45. TIME OF DEATH (24 hr.) 1035		46. MEDICAL EXAMINER'S CASE NUMBER 051200700	
47. CERTIFYING PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Russell S. Vega, M.D.		48. NAME OF ATTENDING PHYSICIAN (If other than Certifier) Russell S. Vega, M.D.	
49. CERTIFIER'S NAME Russell S. Vega, M.D.		50. STREET ADDRESS 2001 Siesta Drive, Suite 302	
51. CITY OR TOWN Sarasota		52. ZIP CODE 34239	
53. SUBREGISTRAR - Signature and Date Debra Rianstrim		54. DATE FILED BY REGISTRAR (mm/dd/yyyy) October 20, 2005	

CHIEF DEPUTY REGISTRAR

WARNING:

THIS DOCUMENT IS PRINTED ON RECYCLED PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. IT IS NOT ACCEPTED WITHOUT THE WATERMARK. THE DOCUMENT CONTAINS A MULTI-COLORED BACKGROUND AND QUALITY CONTROL FEATURES. SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FORM 1947 (08/04)

FLORIDA DEPARTMENT OF
HEALTH