

768263

(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



500277993655

10/22/15--01002--003 \*\*35.00

STATE OF ARIZONA  
DIVISION OF CORPORATE AFFAIRS  
15 NOV - 2 AM 9:02

NOV - 5 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2015

RANDALL ARNAUD / 766 HUDSON INC  
766 HUDSON AVE SUITE D  
SARASOTA, FL 34236 US

SUBJECT: 766 HUDSON, INC.  
Ref. Number: 768263

We have received your document for 766 HUDSON, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 215A00022413

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 766 HUDSON INC

**DOCUMENT NUMBER:** 768263

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

Please return all correspondence concerning this matter to the following:

RANDALL ARNAUD

(Name of Contact Person)

766 HUDSON INC

(Firm/Company)

766 HUDSON AVE SUITE D

(Address)

SARASOTA, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

RANDALL ARNAUD

(Name of Contact Person)

at ( 941-366-0110 X 204

(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 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

766 HUDSON INC

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

768263

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☒ The date of meeting of members at which the resolution to dissolve was adopted

10/1/15. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

### SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was \_\_\_\_\_.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was \_\_\_\_\_ for and \_\_\_\_\_ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: ~~9/1/15~~ 10/1/15  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: [Signature]  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

RET ARNAUD

(Typed or printed name of person signing)

D

(Title of person signing)

Filing Fee: \$35

15 NOV -2 AM 9:02  
SECTION II  
DIVISION OF CORPORATE  
REGISTRATION