

M49110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

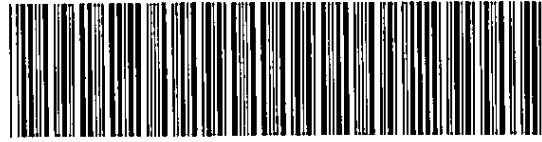
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200329569532

05/31/19--01009--014 **52.50

2019 MAY 31 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

JUN 12 2019

C. Kins.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IDLEWILD PARK CORP

DOCUMENT NUMBER: M49110

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

Please return all correspondence concerning this matter to the following:

JOHN P. CORRIGAN

(Name of Contact Person)

IDLEWILD PARK CORP.

(Firm/Company)

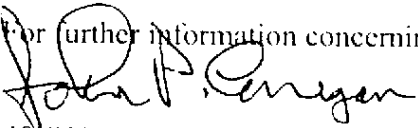
6230 SW 49TH STREET

(Address)

MIAMI, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:


JOHN P. CORRIGAN _____ at (786-452-8684
(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

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: IDLEWILD PARK CORP.

SECOND: The document number of the corporation (if known): M49110

THIRD: The date dissolution was authorized: 02/11/2019

Effective date of dissolution if applicable: (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.

FOURTH: Adoption of Dissolution (CHECK ONE)

- Checked box: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
Unchecked box: 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: John P. Corrigan President and Director
(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)

JOHN P. CORRIGAN
(Typed or printed name of person signing)

Director and President
(Title of person signing)

FILED
2019 MAY 31 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$35

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:
IDLEWILD PARK CORP

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: _____

Address: _____

Information and contents of Claim:

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

6230 SW 49TH STREET MIAMI, FL 33155

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.

John P. Corrigan
Printed Name of the Person Filing

John P. Corrigan
Signature of the Person Filing

WRITTEN CONSENT TO THE DISSOLUTION
OF
IDLEWILD PARK CORP

WE, THE UNDERSIGNED, being all the shareholders entitled to vote, do hereby give our written consent to the dissolution of IDLEWILD PARK CORP, a corporation duly organized and existing pursuant to the Florida Business Corporations Act, §§ 607.0101 through 607.613.

IN WITNESS WHEREOF, we have affixed our hands this 24 day of May, 2019.

John P. Carrigan
NAME-OF-SHAREHOLDER-#1, Shareholder

John P. Carrigan

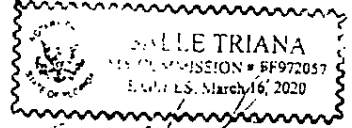
NAME-OF-SHAREHOLDER-#2, Shareholder

NAME-OF-SHAREHOLDER-#3 (ADD MORE LINES IF NEEDED), Shareholder

STATE OF FLORIDA
COUNTY OF DADE

This instrument was signed, sworn to and acknowledged before me this 24 day of May, 2019 by NAME-OF-SHAREHOLDER-#1, NAME-OF-SHAREHOLDER-#2, NAME-OF-SHAREHOLDER-#3, shareholders of **IDLEWILD PARK CORP**, a Florida Corporation.

Passport No. USA 209338722
John P. Carrigan


[Signature]