

NO1000003817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

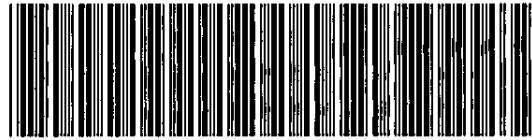
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/30/12--01013--021 \*\*30.00

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FILED  
12 FEB 16 PM 4:43  
SECTION OF THE  
TALLAHASSEE COUNTY

Valdi  
DC  
2-21-12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2012

MARK TARDIF  
P. O. BOX 17524  
CLEARWATER, FL 33762

SUBJECT: TITANS YOUTH HOCKEY CLUB, INC.  
Ref. Number: N01000003817

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

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

The fee to file your document is \$35.

The fee for a certified copy is \$8.75 for the first 8 pages of the document and \$1 per page for each additional page, not to exceed \$52.50. A certificate of status is \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6966.

Darlene Connell  
Regulatory Specialist II

Letter Number: 412A00004191

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Titans Youth Hockey Club, Inc.

**DOCUMENT NUMBER:** NO1000003817

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

Please return all correspondence concerning this matter to the following:

Mark TARDIF  
(Name of Contact Person)

(Firm/Company)

PO BOX 17524  
(Address)

Clearwater, FL 33762  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Garr

(Name of Contact Person)

at (727) 743-8338

(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

FILED  
12 FEB 16 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Titans Youth Hockey Club, Inc.

SECOND: The document number of the corporation (if known): NO1000003817

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 the meeting of members at which the resolution to dissolve was adopted  
7/1/2011. 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: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

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.)

Julie Garr

(Typed or printed name of the person signing)

Treasurer

(Title of person signing)

**FILING FEE: \$35**