

1769000010219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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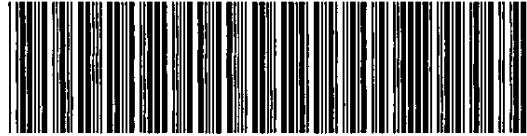
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Dis*

JUN 26 2012

T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MILK DISTRICT INC.  
**DOCUMENT NUMBER:** NO9000010219

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

Please return all correspondence concerning this matter to the following:

Victoria L. Dore  
Name of Contact Person

Sportstown  
Firm/Company

2414 E. Robinson Street  
Address

Orlando, Florida 32803  
City/State and Zip Code

SPTSTOWN @ AOL. COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria L. Dore at (407) 538-8843  
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 617.1401, 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:

MILK DISTRICT INC.

SECOND: The document number of the corporation (if known): NO9000010219

THIRD: The file date of the articles of incorporation: 10/19/09

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**

(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:  
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators

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)

Victoria L. Dore  
(Typed or printed name of person signing)

V. President  
(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$35