

N10000002286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

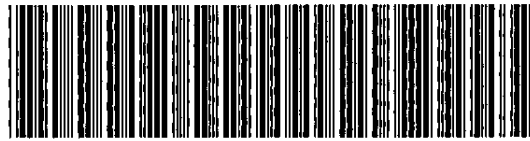
(Business Entity Name)

(Document Number)

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

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04/20/12--01012--017 \*\*35.00

FILED  
2012 APR 20 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR  
4/23/12*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** "Notice of Corporate Dissolution"

**DOCUMENT NUMBER:** N10000002286

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

Please return all correspondence concerning this matter to the following:

**Pradelyne StHilaire**

(Name of Contact Person)

**ORLANDO RESIDENTIAL GROUP INC**

(Firm/Company)

**PO BOX 681565**

(Address)

**Orlando, FL 32868**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Pradelyne StHilaire**

(Name of Contact Person)

at ( **407** )

**371-9163**

(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

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ARTICLES OF DISSOLUTION

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:  
ORLANDO RESIDENTIAL GROUP, INC

SECOND: The document number of the corporation (if known): N10000002286

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  
\_\_\_\_\_ 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 April 5, 2012.

The number of directors in office was 3 and the vote for resolution was  
3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

Signature Pradelyne StHilaire

(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.)

Pradelyne StHilaire

(Typed or printed name of the person signing)

President

(Title of person signing)

**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. 617.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ORLANDO RESIDENTIAL GROUP, INC

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:

The following must be included in any claim against the aforementioned  
organization: date, nature, parties involved, costs, any and all contract entered  
into and by whom.

\_\_\_\_\_

\_\_\_\_\_

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

PO Box 681565, Orlando, FL 32868

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

Pradelyne StHilaire

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**