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COVER LETTER

Division of Corporations
SUBJECT: NISS ORUTION
DOCUMENT NUMBER: N1000005241
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Morres M. TRUMBIG (Name of Contact Person)
South County DAZZ CLUB (Firm/Company)
1435 6. Van la Ave # 154-172
Solicy FL 3 (292 (City/State and Zip Code)
For further information concerning this matter, please call:
Martis M Traffiste at (911) 379-3345 3 97 (Area Code) (Daytime Telephone Number) on one
Enclosed is a check for the following amount:
S35 Filing Fee \$\times \$\\$43.75 Filing Fee & \$\times \$\\$43.75 Filing Fee & \$\times \$\\$52.50 Filing Fee, \$\times \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

MAILING ADDRESS:

TO: Amendment Section

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: SOUTH COUNTY JAZZ CLUB The document number of the corporation (if known): N1 00000 524 SECOND: 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 _. 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 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 (6-21-20)9The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote) Effective date of dissolution, if applicable: 12-20-2019 (no more than 90 days after dissolution file date) **FOURTH** 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: (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)

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