

N1100000007141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

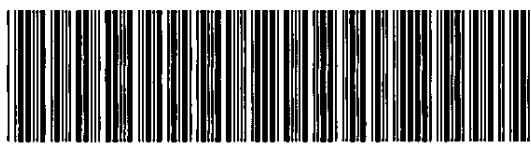
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/03/17--01004--022 **35.00

2017 MAY -2 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Amr Diss
w/notice

MAY 05 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Imagine - West Broward, Inc.

DOCUMENT NUMBER: N/100000 7141

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

Please return all correspondence concerning this matter to the following:

Bill Abruzzo
(Name of Contact Person)

Imagine Schools, Inc.
(Firm/Company)

1005 North Glebe Rd. Suite 610
(Address)

Arlington, VA 22201
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Abruzzo at (703) 740-2875
(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 617.1403, 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:

Imagine - West Broward, Inc.

SECOND: The document number of the corporation (if known): N10000067141

THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

[X] The date of meeting of members at which the resolution to dissolve was adopted June 15, 2016. 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: upon filing (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.

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)

Barry Sharp

(Typed or printed name of person signing)

President, Imagine Schools Non-profit, Inc. (sole member) (Title of person signing)

FILED 2017 MAY -2 PM 1: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: Imagine-West Broward, 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:

nature of claim, amount, date incurred, and alleged reasons why the claim is valid, & name and address of claimant.

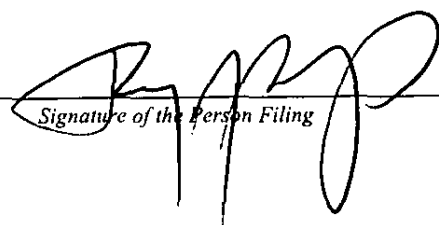
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Imagine Schools Non-Profit, Inc. c/o Isabel Berio, Esq.
1005 North Glebe Rd. Ste 610
Arlington, VA 22201

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.

Barry Sharp, Pres. Imagine Schools Non-Profit
Printed Name of the Person Filing

Inc.


Signature of the Person Filing