

N10000010839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2017 JUN 29 PM 4:33

JUN 29 2017
CORPORATE AFFAIRS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOLOCAUST IMPACT THEATRE, INC.

DOCUMENT NUMBER: N100000010839

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

Please return all correspondence concerning this matter to the following:

RECEIVED
DIVISION OF CORPORATIONS
JUN 29 PM 4:38

J. GORDON AUTH. AGENT
(Name of Contact Person)
HOLOCAUST IMPACT THEATRE INC.
(Firm/Company)
10381 SW 135 ST
(Address)
MIA FLA 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel at (305) 6084398
(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: HOLocaust IMPACT THEATRE INC.

SECOND: The document number of the corporation (if known): N10000010839

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 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 9/20/2011

The number of directors in office was 2 and the vote for resolution was ALL for and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 9/20/2011
(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: [Handwritten 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)

J GORDON
(Typed or printed name of person signing)

Agent
(Title of person signing)

RECEIVED
DIVISION OF CORPORATIONS
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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: HOLOCAUST IMPACT THEATRE, 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:

N/A - NO vendors
NO pending debts
NO open accounts-

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

10381 SW 139 ST
MIA FLA
33176

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.

I. GORDON
Printed Name of the Person Filing

I. Gordon, Authoriz. Agent
Signature of the Person Filing