

N24 0000 10397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

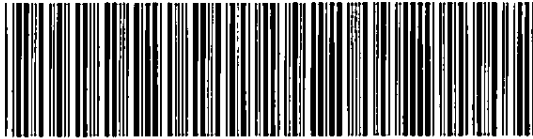
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 28 2025

Office Use Only



200450911032

FILED

2025 MAY 27 AM 10:44

RECEIVED

2025 MAY 27 PM 2:42

STATE OF FLORIDA
TALLAHASSEE

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/27/2025

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1380016

ORDER ENTITY
DEAN ISLES OWNERS ASSOCIATION, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
DEAN ISLES OWNERS ASSOCIATION, INC. (FL)

File the attached dissolution document

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MB" or similar, written over the word "Sincerely,".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DEAN ISLES OWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N24000010397

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

Please return all correspondence concerning this matter to the following:

Christopher Mataja

(Name of Contact Person)

LAFAYETTE

(Firm/Company)

12802 Tampa Oaks Blvd. Suite 101

(Address)

Tampa, FL 33637

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

FILED
2025 MAR 27 PM 4:44
CLERK

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:
DEAN ISLES OWNERS ASSOCIATION, INC.

SECOND: The document number of the corporation (if known): N24000010397

THIRD: The file date of the articles of incorporation: 09/03/2024

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.

DocuSigned by:
Christopher Mataya
41EC6A3F5A94417

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)

CHRISTOPHER MATAJA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35