P120000 84123

1	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
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	(Document Number)
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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Entity Dissolution SUBJECT: P12000084123 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Steven McKinnon (Name of Contact Person) Coda Media Corp (Firm/Company) PO Box 89099 (Address) Tampa, Florida 33689 (City/State and Zip Code) For further information concerning this matter, please call: Michael L. Frederick, CPA (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: **STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Coda Media Corp		
SECOND:	The document number of the corporation (if known): P12000084123		_
THIRD:	The date dissolution was authorized: April 30, 2018		_
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)		_
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this not be listed as the document's effective date on the Department of State's records.	date	will
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes east for disso was sufficient for approval.	oluti	on
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	ō	:: :::::::::::::::::::::::::::::::::::
	The number of votes cast for dissolution was sufficient for approval by	X = 30	0 P.C.
	All shareholders	<u>л</u>	ال الم
	(voting group)	皇 6:29	OF STATE) _L "ORATIONS
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		- C.
	Steven McKinnon		
	(Typed or printed name of 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. 607.1407, F.S.

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

Name of Corporation:	
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:	
Claimant name, address, tax II)	
Nature/source of claim	
Date	
Amount	•
	•
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	19 HAR
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) PO Box 89099	19 HAR 15
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) PO Box 89099 Tampa, Florida 33689	五卷
PO Box 89099	35 - 51

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.

Steven McKinnon

Printed Name of the Person Filing

Signature of the Person Filing