## N97000003089

| (Re                     | questor's Name)   | · · · · · · · · · · · · · · · · · · · |
|-------------------------|-------------------|---------------------------------------|
| (Ad                     | ldress)           |                                       |
| (Ad                     | ldress)           |                                       |
| (Cit                    | ry/State/Zip/Phon | e #)                                  |
| PłCK-UP                 | ☐ WAIT            | MAIL                                  |
| (Bu                     | siness Entity Na  | me)                                   |
| (Do                     | cument Number)    |                                       |
| Certified Copies        | _ Certificate:    | s of Status                           |
| Special Instructions to | Filing Officer:   |                                       |
|                         |                   |                                       |
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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

| Division of Corporations                                     |   |  |
|--|---|--|
| SUBJECT: DISSOLUTION: LAK                                    | E COUNTY FLY FISHERS ASSOC., INC.   |  |
| DOCUMENT NUMBER: N97000                                      | 100 3089  |  |
| The enclosed Articles of Dissolution and fee as              | re submitted for filing.  |  |
| Please return all correspondence concerning this             | s matter to the following:  |  |
| STEVE FRITZ (Name of Co                                      |   |  |
|  | ontact Person)  RESHERS ASSOCIATION, INC.  ompany)  |  |
| 8 WEST COURT [   | Dr.   |  |
|  |   |  |
| EUSTIS FL<br>(City/State ar                                  | 32726   |  |
| (City/State ar   | id Zip Code)  |  |
| For further information concerning this matter,              | please call:  |  |
| STEVE FRITZ  | at (352) 357-6217<br>(Area Code & DaytimeTelephone Number)  |  |
| (Name of Contact Person)                                     | (Area Code & DaytimeTelephone Number)   |  |
| Enclosed is a check for the following amount:                |   |  |
| ☐\$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$\sum \\$ |  |
| MAILING ADDRESS:   | STREET ADDRESS:   |  |
| Amendment Section Division of Corporations                   |   |  |
| P.O. Box 6327  | Cliffon Building  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

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:   |  |
|---|--|--|
|   | LAKE COUNTY FLY FISHERS ASSOCIATION, FAC.  |  |
| SECOND:   | The document number of the corporation (if known): N9700003089   |  |
| THIRD:  | The file date of the articles of incorporation: $5-27-97$  |  |
| 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.   |  |
| 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) |  |  |
|   | (Typed or printed name of person signing)  |  |
|   | ( production of the state of th |  |
| <u>SECRETARY</u>  |  |  |
|   | (Title of person signing)  |  |

Filing Fee: \$35