N11000011478

(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

400239884764

09/24/12--01005--009 **35.00

FILED
12 SEP 24 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date
9-30-12
Voldis w/notice

COVER LETTER

TO: Amendment Section
Division of Corporations

RIDE FOR 5, INC.

SUBJECT: _____

N11000011478

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Robert M. Hoffman, Esq.
(Name of Contact Person)

Law Office of Robert M. Hoffman, Esq.
(Firm/Company)

9155 S. Dadeland Blvd., Suite 1012
(Address)

Miami, Florida 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Hoffman, Esq. at (305) 447-1680
(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 & 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

FILED
12 SEP 24 PM 12:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF DISSOLUTION Effective Date 9-30-12

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:
RIDE FOR 5, INC.

N11000011478

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

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 the 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 ~~August 6, 2012~~

The number of directors in office was 2 and the vote for resolution was

2 for and 0 against. (must be a majority vote)

September 30, 2012

FOURTH: Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Signature Michael Hoffman
(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.)

Michael Hoffman
(Typed or printed name of the person signing)

Director
(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. 617.1407, F.S.

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

Name of Corporation: RIDE FOR 5, 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:

Basis of Claim

Amount of Claim

Date of Claim

Claimant's Phone Number

Claimant's Address

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

Law Office of Robert M. Hoffman, Esq.
9155 S. Dadeland Blvd.
Suite 1012
Miami, Fl 33156

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.

MICHAEL HOFFMAN
Printed Name of the Person Filing

Michael Hoffman
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $35.00