N14000005747

(Re	equestor's Name)				
(Ad	ldress)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

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DEC 1 2 2016 ALBRITTON

COVER LETTER

TO: Amendment Secti Division of Corpo				
SUBJECT: 2-4theshow.o	rg, inc.			
DOCUMENT NUMBE	R: N14000005747			
The enclosed Articles of	f Dissolution and fee a	re submitted for	filing.	
Please return all correspondent	ondence concerning thi	is matter to the f	ollowing:	
Betsy Benson				
	(Name of C	ontact Person)		
2-4theshow.org,inc.				
	(Firm/C	Company)		
<u></u>	(Add	dress)		
	(City/State a	and Zip Code)		
For further information	concerning this matter,	, please call:		
Betsy Benson		954 at (536-9834	ime Telephone Number)
(Name of Co	ontact Person)	(Area Code)	(Dayti	ime Telephone Number)
Enclosed is a check for	the following amount:			
□ \$35 Filing Fee □	\$43.75 Filing Fee & Certificate of Status		ру	1 \$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2016

BETSY BENSON 2-4THSHOW.ORG, INC.

SUBJECT: 2-4THESHOW.ORG, INC.

Ref. Number: N14000005747

We have received your document for 2-4THESHOW.ORG, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete only 1(one) section of the form regarding the adoption.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Song: Johnson

Irene Albritton
Regulatory Specialist II

Letter Number: 116A00025604

www.sunbiz.org

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: 7- 4 THE SHOW. ORG The document number of the corporation (if known): $\sqrt{1400005}$ SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) 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 Nov. 1, 2014. The number of directors in office was ____ and the vote for resolution was ____ for and ____ against. (Must be a majority vote) Effective date of dissolution, if applicable: 18 3016

(no more than 90 days after dissolution file date) **FOURTH** 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. (By the chairman or yee chairman of the board, president or other court appointed fiduciary, by that fiduciary) incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Bitsy Benson signing)

(Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

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:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Article of Dissolution.
Description of information that must be included in a claim:
Date debt incurred, goods or services provided in return for payment claimed, name of person providing goods and services, c
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Mailing dualess where claims can be sem. (Claims cannot be sem to me 1514151611 by Corporations)
201 SE 6TH ST, RM 470
FORT LAUDERDALE, FL 33301
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.
Betsy Benson Betsy Benson
Printed Name of the Person Filing Signature of the Person Filing