

710213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

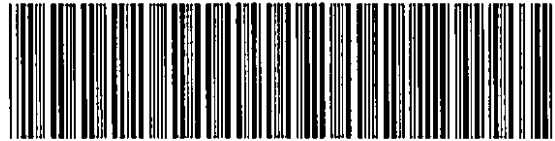
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JAN -2 PM 1:17

C. GOLDEN

JAN - 8 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INDIAN RIVER CITY CIVIC ASSOCIATION INC

DOCUMENT NUMBER: 710213

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

Please return all correspondence concerning this matter to the following:

MICHAEL KING

(Name of Contact Person)

(Firm/Company)

4220 S. HOPKINS AVENUE

(Address)

TITUSVILLE, FL 32780

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL KING

(Name of Contact Person)

at (321)

(Area Code)

514-7612

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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 15, 2017

MICHAEL KING
4220 S. HOPKINS AVENUE
TITUSVILLE, FL 32780

SUBJECT: INDIAN RIVER CITY CIVIC ASSOCIATION, INC
Ref. Number: 710213

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete only one (1) section and list the complete effective date.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 617A00025435

*DOWE
THANK YOU!*

RECEIVED
18 JAN -2 PM 3:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

INDIAN RIVER CITY CIVIC ASSOCIATION, INC

SECOND: The document number of the corporation (if known): 710213

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 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 OCTOBER 15, 2017.

The number of directors in office was FOUR and the vote for resolution was THREE for and ZERO against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: DECEMBER 31, 2017

(no more than 90 days after dissolution file date)

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.

Signature: Michael King

(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 KING

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35