

736547

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 FEB -2 AM 9:32

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**DISSOLUTION OR WITHDRAWAL
THE NATIONAL ASSOCIATION OF PROFESSIONAL BASEBALL
LE**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

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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:
The National Association of Professional Baseball Leagues, Inc.

SECOND: The document number of the corporation (if known): 736547

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 January 31, 2023.

The number of directors in office was 2 and the vote for resolution was 2 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____
(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: Tim Brunswick
(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)

Tim Brunswick

 (Typed or printed name of person signing)

Authorized Representative of National Association of Professional Baseball Leagues

 (Title of person signing)

Filing Fee: \$35

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL

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: The National Association of Professional Baseball Leagues, 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:

Name of claimants, date of claim, event giving rise to the claim, amount claimed, and name, address and telephone number of contact to whom the company should reply regarding the claim.

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TALLAHASSEE FL
DEPARTMENT OF STATE

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

Frost Brown Todd, LLC

c/o George Yund

Great American Tower, 301 East Fourth Street, Suite 3300

Cincinnati, OH 45202

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

Tim Brunswick

Printed Name of the Person Filing

Tim Brunswick

Signature of the Person Filing