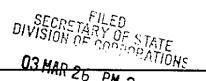
G94963



(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:

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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Flamingo Shores Residents, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy

ADDITIONAL COPY REQUIRED

\$87.50

Filing Fee,

Certified Copy

& Certificate

FROM: Flamingo Shores Residents, Inc.

Name (Printed or typed)

C/O Porothy Gay

65 Palm Lane Address

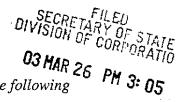
Winter Haven, Fl. 33881
City, State & Zip

263-956-5107

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF DISSOLUTION



Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRS1:	The name of the corporation is: plamingo Shores Residents, Inc.
SECOND:	The filing date of the articles of incorporation was: April 5, 1984
THIRD:	(CHECK ONE)
	None of the corporation's shares have been issued.
	☐ The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid. none
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH:	Adoption of Dissolution (CHECK ONE)
	☐ A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Si	gned this day of
Signat	(By the chairman or sice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)
	Dorothy Gay (Typed or printed name)
	Secretary
	(Title)