

H 97539

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I200300000004
Phone : (407)835-6769
Fax Number : (407)843-4076

SECRETARY OF STATE
TALLAHASSEE, FL

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**DISSOLUTION OR WITHDRAWAL
PIRATE'S ISLAND OF KISSIMMEE, INC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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W/ H. H. C.

corpmail@shutts.com

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**ARTICLES OF DISSOLUTION
OF
PIRATE'S ISLAND OF KISSIMMEE, INC.
a Florida corporation**

Pursuant to Section 607.1403, Florida Statutes, PIRATE'S ISLAND OF KISSIMMEE, INC. (the "Corporation") does hereby submit the following Articles of Dissolution:

- FIRST: The name of the Corporation as currently filed with the Florida Department of State is: **PIRATE'S ISLAND OF KISSIMMEE, INC.**
- SECOND: The Corporation was assigned Document No. H97539.
- THIRD: The dissolution of the Corporation was authorized on October 12, 2021.
- FOURTH: The dissolution of the Corporation shall be effective upon filing with the Florida Department of State, Division of Corporations.
- FIFTH: The dissolution of the Corporation was duly approved by the shareholders of the Corporation, in accordance with Section 607.1402(6), Florida Statutes, and the Articles of Incorporation of the Corporation.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed effective as of the 8th day of February, 2022.

PIRATE'S ISLAND OF KISSIMMEE, INC.

By: 
Scott Lee, President

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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. 607.1407, F.S.

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

Name of Corporation: PIRATE'S ISLAND OF KISSIMMEE, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: the date that
the Articles of Dissolution were filed with the Florida Department of State.

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

(i) the name of claimant, (ii) the address and contact information of the claimant, (iii) the basis for the claim, (iv) the Social Security Number, Taxpayer Identification Number, or Employer Identification Number of the claimant, (v) the amount of the claim, (vi) a statement as to whether the claim is contingent or unliquidated, and (vii) a statement as to whether the claim is secured.

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

3072 Clearwater Trail

Steamboat Springs, Colorado 80487

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.

Scott Lee, President

Printed Name of the Person Filing


Signature of the Person Filing

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

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