

J15909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

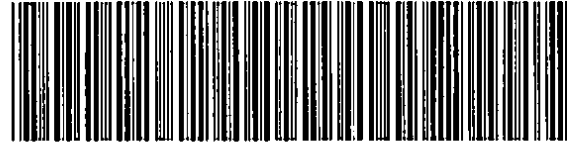
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 MAR 17 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

MAR 31 2020

C Kinsey

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION FOR BALLOON WORLD AVIATION, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** J15909  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

MELANIE MARECEK  
\_\_\_\_\_

(Name of Contact Person)

BALLOON WORLD AVIATION, INC.  
\_\_\_\_\_

(Firm/Company)

163 WALL LAKE TRAIL  
\_\_\_\_\_

(Address)

MELROSE, FL 32666  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

MELANIE MARECEK  
\_\_\_\_\_

(Name of Contact Person)

(386)659-2700

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
BALLOON WORLD AVIATION, INC.

SECOND: The document number of the corporation (if known): J15909

THIRD: The date dissolution was authorized: 12/31/2019

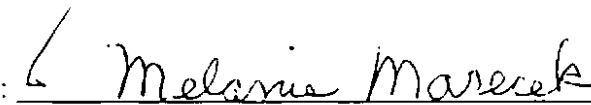
Effective date of dissolution if applicable: 12/31/2019

(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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature:



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

MELANIE MARECEK

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of known 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: BALLOON WORLD AVIATION, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/31/2019

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

Description of information that must be included in a claim:

THE LEGAL NAME, ADDRESS, AND CONTACT INFORMATION OF THE ENTITY ASSERTING THE CLAIM  
MUST BE INCLUDED IN A WRITTEN CLAIM. THE CLAIM MUST BE FILED NO LATER THAN THE TERM  
STIPULATED BY FLORIDA STATUTES. INCLUDE THE IDENTIFICATION OR DESCRIPTION OF THE  
AGREEMENT OR CIRCUMSTANCES IN WHICH THE CLAIM AROSE, THE AMOUNT OF THE CLAIM, AND  
INFORMATION AND RELEVANT DOCUMENTS THAT ARE USEFUL TO VERIFY THE NATURE AND AMOUNT

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

163 WALL LAKE TRAIL

MELROSE, FL 32666

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.

MELANIE MARECEK

Printed Name of the Person Filing

Melanie Marecek

Signature of the Person Filing

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

FILED  
2020 MAR 17 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL