

J64218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/12--01013--020 **35.00

VD
Effective date
10-15-12

SEP 26 AM 11:13
FALL ARIZONA COUNTY
SECRETARY OF STATE

FILED

SEP 28 2012
ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TO DISSOLUTION OF MY BUSINESS

DOCUMENT NUMBER: J64218

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

Please return all correspondence concerning this matter to the following:

ARNOLD ROSS

(Name of Contact Person)

MATECUMBE WATERSPORTS, INC.

(Firm/Company)

309 MATECUMBE AV.

(Address)

ISLAMORADA, FL. 33036

(City/State and Zip Code)

For further information concerning this matter, please call:

ARNOLD ROSS

(Name of Contact Person)

at (305) 304-0860

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

ARTICLES OF DISSOLUTION

effective date
10-15-12

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:

MATECUMBE WATERSPORTS INC.

SECOND: The document number of the corporation (if known): J64218

THIRD: The date dissolution was authorized: SEPT 12, 2012

Effective date of dissolution if applicable: SEPTEMBER 15, 2012 10-15-2012
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: Arnold Ross

(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)

ARNOLD ROSS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
SEP 26 AM 11:14
STATE OF FLORIDA
TALLAHASSEE COUNTY