LUZ000017379

| (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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| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE

MILLARIANCE FI DE

Office Use Only

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: Midas Fund, LLC | | | |
| (Name of Limited Liability Company) | | | |
| | | | |
| The enclosed Articles of Dissolution and fee(s) are subm | itted for filing. | | |
| Please return all correspondence concerning this matter t | o the following: | | |
| | | | |
| John A. Riley | | | |
| (Name of Person) | | | |
| Midas Fund, LLC | | | |
| (Firm/Company) | | | |
| 4090 Scarlet Iris Place | | | |
| (Address) | | | |
| · | | | |
| Winter Park, FL 32792 (City/State and Zip Code) | | | |
| (Chyrsiale and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| John A. Dilair | 407 040 0040 | | |
| John A. Riley (Name of Person) | at (_407) 810-0243 (Area Code & Daytime Telephone Number) | | |
| (Name of Ferson) | (Alea Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | | |
| \$25.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) | | |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



November 22, 2011

JOHN A. RILEY 4090 SCARLET IRIS PLACE WINTER PARK, FL 32792

SUBJECT: MIDAS FUND, LLC Ref. Number: L02000017379

We have received your document for MIDAS FUND, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date the dissolution was approved has to be before it was received in our office that date was 11/21/11.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 011A00026403

ARTICLES ON DESSOLUTION FOR ALIMITED LIABILITY COMPANY

FILED

11 DEC -6 AM 9: 27

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

| The name of a limited liability company is Midas Fund, LLC | A SOLE, FLORIDA |
|---|---|
| 2. The Articles of Organization were filed on July 11 | |
| | NOU. 20,2011 |
| 3. The date the dissolution was approved: | |
| 4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov Winding down of the business. | d liability company's dissolution pursuant to section er letter). |
| | |
| 5. CHECK ONE: | |
| -OR- | nited liability company have been paid or discharged. |
| — ' ' | bts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distribute rights and interests. | ed among its members in accordance with their respective |
| 7. CHECK ONE: | |
| ✓ There are no suits pending against the compa | ny in any court. |
| OR- Adequate provision has been made for the sate entered against it in any pending suit. | tisfaction of any judgment, order or decree which may be |
| gnatures of the members having the same percentage of n | nembership interests necessary to approve the dissolution |
| Signature | Printed Name |
| | John A. Riley |
| | |
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