

L12000175115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 JUN 10 14:37
SECURITY STATE
TALLAHASSEE, FLORIDA

GaffedUp
7812 SW 148th Avenue
Miami, FL 33193
786-281-9969

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

Dear Sir or Madam,

Please find enclosed Articles of Dissolution for GaffedUp, LLC, as well as Articles of Incorporation for GaffedUp, Inc. It is my intention to ^{convert} ~~convert~~ from an LLC to a Nonprofit Corporation. Therefore, please first file the Articles of Dissolution for GaffedUp, LLC and subsequently file the Articles of Incorporation for GaffedUp, Inc. As the sole member of GaffedUp, LLC I hereby release the name for use by my newly established corporation.

Thank you,

Vivienne Smith

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GaffedUp, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivienne Smith

(Name of Person)

Gaffed Up, LLC

(Firm/Company)

7812 SW 148th Avenue

(Address)

Miami, FL 33193

(City/State and Zip Code)

For further information concerning this matter, please call:

Vivienne Smith

(Name of Person)

786

at (

281-9969

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
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

14 JUN 10 AM 10:37
RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
GaffedUp, LLC
2. The Articles of Organization were filed on 10/23/2012 and assigned
document number L12000135115
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
With the consent of all members, the LLC is being dissolved with the intention of
changing the corporate structure to that of a nonprofit corporation.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____
6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:

Vivienne M. Smith
Signature

Vivienne Smith
Printed Name

FILING FEE: \$25.00

14 JUN 2013 5:17 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA