

M49110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

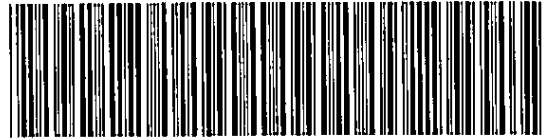
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY 31 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FL

JUN 12 2019

C. Kins.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IDLEWILD PARK CORP

DOCUMENT NUMBER: M49110

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

Please return all correspondence concerning this matter to the following:

JOHN P. CORRIGAN

(Name of Contact Person)

IDLEWILD PARK CORP.

(Firm/Company)

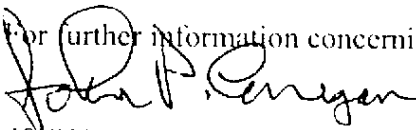
6230 SW 49TH STREET

(Address)

MIAMI, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:



JOHN P. CORRIGAN

(Name of Contact Person)

at (786-452-8684

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☒ \$52.50 Filing Fee.
Certificate of Status Certified Copy Certificate of Status &
(Additional copy is enclosed) 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

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:
IDLEWILD PARK CORP.
M49110

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

THIRD: The date dissolution was authorized: 02/11/2019

Effective date of dissolution if applicable: _____

(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: 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:

John P. Corrigan President and Director
(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)

JOHN P. CORRIGAN

(Typed or printed name of person signing)

Director and President

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FL

WRITTEN CONSENT TO THE DISSOLUTION
OF
IDLEWILD PARK CORP

WE, THE UNDERSIGNED, being all the shareholders entitled to vote, do hereby give our written consent to the dissolution of IDLEWILD PARK CORP, a corporation duly organized and existing pursuant to the Florida Business Corporations Act, §§ 607.0101 through 607.613.

IN WITNESS WHEREOF, we have affixed our hands this 24 day of May, 2019.

John P. Carrigan
NAME-OF-SHAREHOLDER-#1, Shareholder

John P. Carrigan

NAME-OF-SHAREHOLDER-#2, Shareholder

NAME-OF-SHAREHOLDER-#3 (ADD MORE LINES IF NEEDED), Shareholder

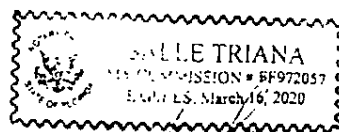
STATE OF FLORIDA

COUNTY OF DADE

This instrument was signed, sworn to and acknowledged before me this 24 day of May, 2019 by NAME-OF-SHAREHOLDER-#1, NAME-OF-SHAREHOLDER-#2, NAME-OF-SHAREHOLDER-#3, shareholders of **IDLEWILD PARK CORP**, a Florida Corporation.

Passport No. USA 209338722

John P. Carrigan



ALLE TRIANA