# M49110

| (Requestor's Name)                      |  |  |
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| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
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| (Business Entity Name)                  |  |  |
| •                                       |  |  |
| (Document Number)                       |  |  |
| (Document Number)                       |  |  |
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| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
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# **COVER LETTER**

| Division of Corporations  |   |  |
|---|---|--|
| IDLEWILD PARK CORP SUBJECT:   |   |  |
| DOCUMENT NUMBER: M49110   |   |  |
| The enclosed <b>Articles of Dissolution</b> and t                   | ee are submitted for filin  | ıç.  |
| Please return all correspondence concernin                          | g this matter to the follow                                       | ving:  |
| JOHN P. C <b>A</b> RRIGAN   |   |  |
| (Name of  | Contact Person)   | <del></del> ,  |
| IDLEWILD PARK CORP.   |   |  |
| (Fire   | n/Company)  | <u> </u>   |
| 6230 SW 49TH STREET   |   |  |
| (Λ  | ddress)   | <u> </u>   |
| MIAMI, FL 33155   |   |  |
| (City/Sta   | te and Zip Code)  | <del></del>  |
| or (urther information concerning this mail                         | tter, please call:  |  |
| JOHN P. CORRIGAN  | at ( 786-452-8684   |  |
| (Name of Contact Person)  | <del></del> -   | Daytime Telephone Number)  |
| Enclosed is a check for the following amou                          | nt:   |  |
| ■ \$35 Filing Fee □ \$43.75 Filing Fee & □<br>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:  | erni  | TOTAL A INJURIO CO   |

#### <u>MAILING ADDRESS:</u>

TO: Amendment Section

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): The date dissolution was authorized: 02/11/2019 THIRD: 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 east 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 putile to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group) Signature: a director, president or other office. Lif 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)

# Filing Fee: \$35

# **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown 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:_<br>IDLEWILD PARK CORP   |  |
|---|--|
| Date of dissolution will be the date the dissolution is filed with the Depspecified in the <i>Articles of Dissolution</i> . | partment of State or as                    |
| Description of information that must be included in a claim:  |  |
| Name:   |  |
| Address;  |  |
| Information and contents of Claim:  |  |
|   |  |
| Mailing address where claims can be sent: (Claims cannot be sent to the 6230 SW 49TH STREET MIAMI, FL 33155                 | e Division of Corporations)                |
|   |  |
|   |  |
|   |  |
| A claim against the above named corporation will be barred unless a pr<br>within 4 years after the filing of this notice.   | occeding to enforce the claim is commenced |
| John P. Corrigen Printed Name of Nie Person Filing  | Signature of the Person Hing               |

#### 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 Noy day of  |
| John P. Cerrisan NAME-OF-SHAREHOLDER-#1. Shareholder John P. Cenyon  |
| 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-#3, shareholders of IDLEWILD PARK CORP, a Florida Corporation.  |
| Passport No. USA 2009338722  |
| Passport No. USA 2009338722  |
| 5 S. S.S. F. TRIANA Y  |