

M 80607

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000223542 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 540-2699

RECEIVED

05 SEP 20 AM 8:00

CLERK OF SUPERIOR COURT

DISSOLUTION
QUAILS BLUFF, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP 20 PM 3:16

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

9/20

H05000223542 3

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:

Quails Bluff, Inc.

SECOND: The document number of the corporation (if known): M80607

THIRD: The date dissolution was authorized: September 19, 2005

Effective date of dissolution if applicable:

(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 of 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: 

(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)

Robert A. Bourne

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
05 SEP 20 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H05000223542 3