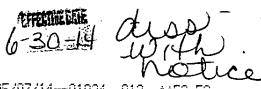
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies		
	_	
Special Instructions to Filing Officer:		

Office Use Only



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05/07/14--01024--012 \*\*52.50



# COVER LETTER

Division of Corporations	
SUBJECT: DISTOLUTION OF GO	pration_
DOCUMENT NUMBER: _ <i>N (20000000</i> 00000000000000000000000000000	0055
The enclosed Articles of Dissolution and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Neil Appel (Name of Con	
(Name of Cor	ntact Person)
(Firm/Co	mpany)
4791 VIA Pam Lake	ess)
West Palm Beach	ess)  FL 7747 d Zip Code)
For further information concerning this matter, p	
Ne. 1 Age/ (Name of Contact Person)	at (Sb/) 914 OSJP (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	heit Attached & 1026 Treasure Wast Charles
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ Certificate of Status	
MAINING ADDDESS	CTREET ADDRESS.

## MAILING ADDRESS:

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

6-30-14

# ARTICLES OF DISSOLUTION

FILED

Pursuant to s Articles of E	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following 7 PM 4:01 Dissolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State: AHASSEE, FLORIB  Treasure Coast Chapks of NIGP, Inc.
SECOND:	The document number of the corporation (if known): Noxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
THIRD:	Adoption of Dissolution (COMPLETE SECTION 1 OR II)
	SECTION I If the corporation has members entitled to vote:
	(CHECK/COMPLETE ONE)  The date of meeting of members at which the resolution to dissolve was adopted
	. The number of votes cast by the members was sufficient for approval.
	☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:
	The corporation has no members or members entitled to vote on the dissolution.
	The date of adoption of the resolution by the board of directors was
	The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)
FOURTH	Effective date of dissolution, if applicable: (no more than 90 days after dissolution file date)
Signature:	Theil Appel
	(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)  President  (Title of person signing)

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. 617.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: Treadure Logs + Chapter of NIGP Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: All receipts, written documentation Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) NIGP 151 Spring Stuet Hernolon VA 20170-5223 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Signature of the Person Filing

Printed Name of the Person Filing