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(Re	equestor's Name)	·		
(Ad	dress)			
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
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Office Use Only

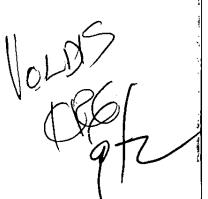


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SECRETARY OF STATE

CELCUS





COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Dissolution o	of Con	poration			
DOCUMENT NUMBE The enclosed Articles of Please return all correspond	f Dissolution and	fee are		Ū		
L	inda S. Lougee	:				
	(Name	of Con	tact Person)			
OHS :	Fouchdown Clui (F	, Inc				
	(1	irm/Cor	npany)			
	P.O. Box 62177	(Addre	ss)			
Oviedo , F1 32762 (City/State and Zip Code)						
For further information of	oncerning this ma	itter, p	ease call:			
Linda S. Loug		a	it (<u>407</u>)			
(Name of Co	ntact Person)		(Area Co	de & Daytime	Telephone Number)	
Enclosed is a check for t	he following amo	unt:				
□\$35 Filing Fee □	\$43.75 Filing Fee Certificate of Sta		\$43.75 Filing Certified Copy (Additional co enclosed)	y opy is	\$52.50 Filing Fee, Certificate of Status & 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 Circ
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2011

LINDA S. LOUGEE OHS TOUCHDOWN CLUB, INC. PO BOX 621773 OVIEDO. FL

SUBJECT: OHS TOUCHDOWN CLUB, INC.

Ref. Number: N00000004959

We have received your document for OHS TOUCHDOWN CLUB, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$52.50.

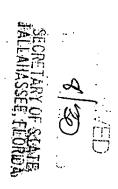
The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 911A00019558





ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of Stat OHS Touchdown Club, Inc.	e:	
SECOND:	The document number of the corporation (if known): N00000004959		
THIRD:	The file date of the articles of incorporation: July 26, 2000		
FOURTH	The corporation has not commenced to conduct its affairs.		
FIFTH:	No debts of the corporation remains unpaid.		
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	SECRETA	11 AUG 30
	The dissolution was authorized by a majority of the directors: OR	RY OF S	0 AM 10:
	☐ The dissolution was authorized by an incorporator.	OME OME	0: 0
	☐ The dissolution was authorized by a majority of the incorporators.	")≫	
Sign	(By the chairman or vice chairman of the board, president or other officer- if directors have no selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fide that fiduciary)		
	Wes Allen		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35

Signature

(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.)

Wes Allen

(Typed or printed name of the person signing)

President

Effective date of dissolution if applicable:

FOURTH:

FILING FEE: \$35

(Title of person signing)

August 17, 2011

SECRETARY OF STATE

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