

N0000000006780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

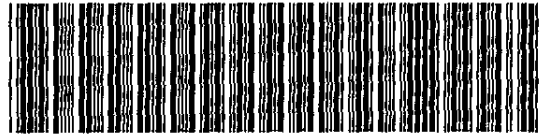
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500059122615

09/06/05--01050--011 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

05 SEP 30 PM 1:27

FILED

PS 10/3/05
Diss
11-6100



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 9, 2005

WILLIAM H PRINGLE
OPERAFFEST OF FLORIDA, INC.
10365 ULMERTON RD #62
LARGO, FL 33771

SUBJECT: OPERAFEST OF FLORIDA, INC.
Ref. Number: N00000006780

We have received your document for OPERAFEST OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 505A00056047

SEP 13 2005 8:00 AM
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: N 0000000 6780

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

Please return all correspondence concerning this matter to the following:

WILLIAM H. PRINGLE
(Name of Contact Person)

OPERAFEST OF FLORIDA, INC.
(Firm/Company)

10365 ULMERTON ROAD, #62
(Address)

LARGO, FL 33771
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM H. PRINGLE at (727) 539-0095
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: (727) 480-9166 CELL

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & 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:

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

FILED

05 SEP 30 PM 1:27

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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 State:

OPERAFEST OF FLORIDA, INC.

SECOND: The document number of the corporation (if known): N00000000 6780

THIRD: Adoption of Dissolution
(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted

(CHECK ONE)

☐ The number of votes cast for dissolution was sufficient for approval.

☐ The resolution was adopted by written consent and executed in accordance with 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 8-30-05

The number of directors in office was 3 and the vote for resolution was

3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 8-30-05
(no more than 90 days after dissolution file date)

Signature William H. Pringle
(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.)

William H. Pringle
(Typed or printed name of the person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35