

NO2000004142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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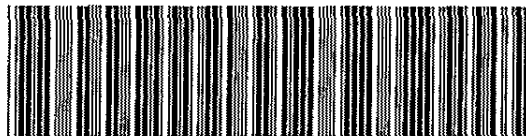
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2006

Andrea Lay
SLM Theater Productions
7549 Dunbridge Drive
Odessa, FL 33556

SUBJECT: SLM THEATER PRODUCTIONS, INC.
Ref. Number: N02000004142

We have received your document for SLM THEATER PRODUCTIONS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 506A00060118

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:

SLM Theater Productions

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

85-8012673644C-2

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

12/31/05

(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.

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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 12/31/05

The number of directors in office was 2 and the vote for resolution was

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

FOURTH: Effective date of dissolution if applicable: 12/31/05
(no more than 90 days after dissolution file date)

Signature Andrea Lay
(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.)

Andrea Lay
(Typed or printed name of the person signing)

President
(Title of person signing)

FILING FEE: \$35

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