

**N020000004326**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

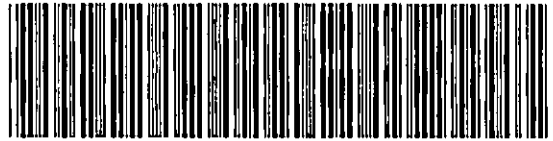
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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200323225032

01/04/19--01005--001 \*\*25.00

01/22/19--01005--001 \*\*25.00

**FILED**

2019 FEB -4 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FL

R. WHITE  
FEB 05 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2019

JUDITH LUND  
1447 EMBASSY DR  
CLEARWATER, FL 33764

SUBJECT: UPPER PINELLAS AFRICAN VIOLET SOCIETY, INC.  
Ref. Number: N02000004326

We have received your document for UPPER PINELLAS AFRICAN VIOLET SOCIETY, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 419A00001548

850 245-6052

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: UPPER PINELLAS AFRICAN VIOLET SOCIETY, INC.

DOCUMENT NUMBER: NO2000004326

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

Please return all correspondence concerning this matter to the following:

JUDITH LUND

(Name of Contact Person)

UPPER PINELLAS AFRICAN VIOLET SOCIETY

(Firm/Company)

1447 EMBASSY DRIVE

(Address)

CLEARWATER, FL 33764

(City/State and Zip Code)

For further information concerning this matter, please call:

JUDITH LUND

(Name of Contact Person)

at ( 727 )

(Area Code)

531-7357

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

## 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:

UPPER PINELLAS AFRICAN VIOLET SOCIETY, INC.

SECOND: The document number of the corporation (if known): NO2000004326

THIRD: Adoption of Dissolution  
(COMPLETE SECTION I 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

12/31/2018. 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 12/31/2018.

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: 12/31/2018  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: Judith Lund

(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)

JUDITH LUND  
(Typed or printed name of person signing)

SECRETARY/TREASURER  
(Title of person signing)

Filing Fee: \$35

FILED  
2019 FEB -4 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

## 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: UPPER PINELLAS AFRICAN VIOLET SOCIETY, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. 12/31/2018

Description of information that must be included in a claim:

OUR CLUB HAS NOT BOUGHT OR SOLD ANY  
PLANTS FOR 2 YRS. AND OUR MEMBERS ARE  
DOWN TO 4.

Mailing address where claims can be sent. (Claims cannot be sent to the Division of Corporations)

JUDITH LUND, TREASURER  
1447 EMBASSY DRIVE  
CLEARWATER, FL 33764

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.

JUDITH LUND

Printed Name of the Person Filing

Judith Lund

Signature of the Person Filing