

ND3000001108

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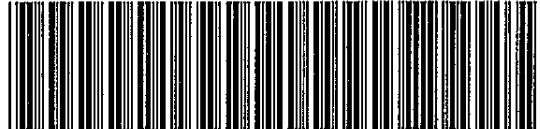
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF "WILD ANIMAL HAVEN, INC."

DOCUMENT NUMBER: 103000001108

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

Please return all correspondence concerning this matter to the following:

CORINNE OLTZ
(Name of Person)

WILD ANIMAL HAVEN, INC.
(Name of Firm/Company)

10495 SW 60TH ST
(Address)

MIAMI, FL 33173
(City/State/and Zip Code)

For further information concerning this matter, please call:

CORINNE OLTZ at (305) 385-8300
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 is WILD ANIMAL HAVEN, INC.

SECOND: The articles of incorporation were filed on 2/10/2003

THIRD: The corporation has not commenced to conduct its affairs.

FOURTH: No debts of the corporation remain unpaid.

FIFTH: Adoption of dissolution (**CHECK ONE**)

(Note: Cannot be authorized by an incorporator if the corporation has directors)

- ☒ The dissolution was authorized by a majority of the directors:
OR
☐ The dissolution was authorized by an incorporator.
☐ The dissolution was authorized by a majority of the incorporators.

Signed this 13th day of January, 2004.

Signature:



(By the Chair, In or Vice Chairman of a Board of Directors, President or other officer - if Directors have not been selected by an incorporator.)

CORINNE OLTZ

Typed or printed name

PRESIDENT

Title

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA