

N03000008419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

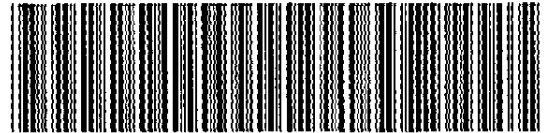
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/03/06--01036--017 **52.50

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DiSS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Beach Jackals Inc - Dissolution

DOCUMENT NUMBER: N03000008419

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

Please return all correspondence concerning this matter to the following:

Steven R. Annunziata

(Name of Contact Person)

Palm Beach Jackals, Inc.

(Firm/Company)

11288 Manatee Terrace

(Address)

Lake Worth, FL 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven R. Annunziata at (561) 906-9300

(Name of Contact 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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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 State:

Palm Beach Jackals, Inc.

SECOND: The document number of the corporation (if known): NO3000008419

THIRD: The file date of the articles of incorporation: 9/30/2003

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)

☐ 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.

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)

Steven R. Annunziata

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE FLORIDA

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1.

THE GIFT FUND ACCOUNT

Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

3050 ALTON ROAD

Mailing Address of Business

MIAMI BEACH FL 33140

City

State

Zip Code

3. Florida County of principal place of business: **MULTIPLE**

(see instructions if more than one county)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Section 2

A. Owner(s) of Fictitious Name if individual(s): (Use an attachment if necessary):

1.

Last

First

M.I.

Address

City

State

Zip Code

2.

Last

First

M.I.

Address

City

State

Zip Code

B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):

1.

Entity Name

3050 ALTON ROAD

Address

MIAMI BEACH FL 33140

City

State

Zip Code

Florida Registration Number **P020000100076**

FEI Number: **54-2075221**

☐ Applied for

☐ Not Applicable

Entity Name

GOEDS 4000028
02/03/06--01036--005 *80.00**

Address

City

State

Zip Code

Florida Registration Number

FEI Number:

☐ Applied for

☐ Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Signature of Owner

Date

Phone Number: **305-582-6400**

Signature of Owner

Date

Phone Number:

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:

FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner

Date

Signature of Owner

Date

Mark the applicable boxes

☐ Certificate of Status — \$10

☒ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50