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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| · | | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | , #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FI OPINA

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<u>COVER LETTER</u> ·

TO: Amendment Section

Division of Corporations

| SUBJECT: DISSOCUTION OF A NOT FOR PROFIT CORP. | | |
|---|--|--|
| DOCUMENT NUMBER: | U/A | |
| The enclosed Articles of Dissolution and fee are | e submitted for filing. | |
| Please return all correspondence concerning this | matter to the following: | |
| ALBERT DIE | WWA | |
| DELTONA A | INNA ntact Person) RT CLUB /NC ompany) | |
| (Firm/Co | ompany) | |
| DELTONA | LE ST. ess) FL 3 2725 d Zip Code) | |
| (City/State an | d Zip Code) | |
| For further information concerning this matter, p | please call: | |
| (Name of Contact Person) | at (<u>386</u>) <u>789-9819</u> (Area Code & DaytimeTelephone Number) | |
| Enclosed is a check for the following amount: | 1 | |
| S35 Filing Fee \$43.75 Filing Fee & Certificate of Status | - - | |
| 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: | | |
|---------|---|--|--|
| | DELTONA ART CHUB, INC | | |
| SECOND: | The document number of the corporation (if known): | | |
| THIRD: | The file date of the articles of incorporation: | | |
| 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 OR | | |
| | ☐ The dissolution was authorized by an incorporator. | | |
| | ☐ The dissolution was authorized by an incorporator. ☐ The dissolution was authorized by a majority of the incorporators. ☐ The dissolution was authorized by a majority of the incorporators. | | |
| Sign | ature: | | |
| | (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) ABERT DIEWA | | |
| | (Typed or printed name of person signing) PRESIDENT (Title of person signing) | | |
| Ta | his an art llub. Insorporation does not | | |
| Ø | his an Alt blut. Insorporation does not beovide any legal or monetary benefits. Up | | |

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.)

(Typed or printed name of the person signing)

(Typed or printed name of the person signing)

FILING FEE: \$35