

NO 400000 4811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

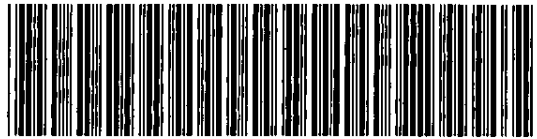
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED

08 JAN 11 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corrected
orig. file date
(signature)

D.S.S

1/11

(signature)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2007

JOY LAMONDA/KYLE H KELLEY
KELLEY, GOLDBERG, LEACH & COHN PL
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: ALL INCLUSIVE, INC.
Ref. Number: N04000004811

We have received your document for ALL INCLUSIVE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6957.

Pamela Smith
Regulatory Specialist II

Letter Number: 507A00069462

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL INCLUSIVE, INC.

DOCUMENT NUMBER: N04000004811

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

Please return all correspondence concerning this matter to the following:

JOY LAMONDA / KYLE H. KELLEY

(Name of Contact Person)

KELLEY, GOLDBERG, LEACH & COHN PL

(Firm/Company)

475 MONTGOMERY PLACE

(Address)

ALTAMONTE SPRINGS, FLORIDA 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

JOY LAMONDA/ KYLE H. KELLEY at (407) 869-8900

(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:

ALL INCLUSIVE, INC.

SECOND: The document number of the corporation (if known): N040000004811

THIRD: The file date of the articles of incorporation: 5-13-04

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

FIFTH: No debts of the corporation remains unpaid.

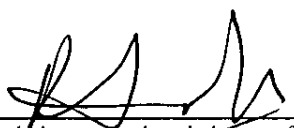
SIXTH: Adoption of Dissolution **(CHECK ONE)**
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ 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.

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TALLAHASSEE, FLORIDA

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)

RUBY SINGH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

RECEIVED
08 JAN 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA