(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations

SUBJECT: The Everglades High Volleyball Booster Club, Inc. DOCUMENT NUMBER: N05000006660 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Crystal Whitaker (Name of Contact Person) The Everglades High Volleyball Booster Club, Inc. (Firm/Company) 17137 NW 10th St. (Address) Pembroke Pines, FL 33028 (City/State and Zip Code) For further information concerning this matter, please call: Ore Pablos (Area Code & DaytimeTelephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓ \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

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:		
	The Everglades High Volleyball Booster Club, Inc.		
SECOND:	The document number of the corporation (if known): N05000006660		
THIRD:	The document number of the corporation (if known): $\frac{N0500006660}{6/27/05}$		
FOURTH	The corporation has not commenced to conduct its affairs.		
FIFTH:	The corporation has not commenced to conduct its affairs. 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.		
Sign	ature:		
	(Typed or printed name of person signing)		
	President (Title of person signing)		
	(Time of belong signing)		

Filing Fee: \$35