## 10500008009

(Requestor's Name)  (Address)  (Address)	700207018127
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	05/04/1101040012 **4
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Dissolution of R	<u>Cealist Tradition</u> , Inc.
DOCUMENT NUMBER: N0500	0008009
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
ACLAN	PAMCS Contact Person)
(Name of	Contact Person)
REACIS'	TRABITION, INC
(Firm	/Company)
2948 SUNS	idress) $\frac{277701}{310000000000000000000000000000000000$
(Ac	idress)
CLEARWATEL	3,76-33759
(City/State	and Zip Code)
For further information concerning this matter	r, please call:
AUAN RANKS	w/227 \ 79/-7777
(Name of Contact Person)	at (727) 79/-777 (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
	Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	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:
	Realist Tradition, Inc.
SECOND:	The document number of the corporation (if known): NOS 00008009
THIRD:	The file date of the articles of incorporation: 08-05-2005
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:
	☐ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Sign	(By the examman 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)  August BANKS  (Typed or printed name of person signing)  PRES.
	(Title of person signing)

Filing Fee: \$35