

N06000006268

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

DISSOLUTION OR WITHDRAWAL  
COBBLESTONE AT ARTISAN LAKES HOMEOWNERS  
ASSOCIATION,

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COBBLESTONE AT ARTISAN LAKES HOMEOWNERS ASSOCIATION, INC.

**DOCUMENT NUMBER:** N06000006268

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

Please return all correspondence concerning this matter to the following:

Sharon K. Gray

(Name of Contact Person)

Triad Professional Services, LLC

(Firm/Company)

1720 Windward Concourse, Ste. 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray

(Name of Contact Person)

at ( 770 ) 777-2091

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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 617.1403, 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:  
Cobblestone at Artisan Lakes Homeowners Association, Inc.

SECOND: The document number of the corporation (if known): N06000006268

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

**SECTION I**

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted \_\_\_\_\_  
\_\_\_\_\_ The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

**SECTION II**

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 01/27/2014

The number of directors in office was 3 and the vote for resolution was 100% for  
and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

Signature: Michelle M. Campbell

(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)

Michelle M. Campbell

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

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