(Requestor's Name)	
(Address) (Address)	700207016717
(City/State/Zip/Phone #)	700207016717 05/03/1101040027 **35.00
(Business Entity Name) (Document Number)	M
ertified Copies Certificates of Status	
	11 HAY -3 PH 3: 23
Office Use Only	

Åpril 26, 2011

- . **..**.

1747 Lake Cypress Dr Safety Harbor, FL 34695 727 791-6532

Dear Sir/Madam,

I am the president 2010/2011 volunteer for non-profit St Petersburg Representational Art Association, Inc. We are dissolving the non-profit effective April 14, 2011.

dEZ

Kirsten Andreason

COVER LETTER

?

Tallahassee, FL 32301

9

e.

.

4

TO: Amendment Section **Division of Corporations**

٠

. .

-

SUBJECT: Dissolution of Non-profit

DOCUMENT NUMBER: N06000011979

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

aa aatuma all . **.** . • D1 ... C 11 .

.

Please return all correspondence concerning this matter to the following:	
ANDREASON, KIRSTEN	
(Na	me of Contact Person)
ST PETERSBURG REPRESENTATIO	ONAL ART ASSOCIATION INC.
	(Firm/Company)
1747 LAKE CYPRESS DR	
	(Address)
SAFETY HARBOR FL 34695	
	y/State and Zip Code)
For further information concerning this r	matter, please call:
ANDREASON, KIRSTEN	at (727) 791-6532
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following an	iount:
☑ \$35 Filing Fee □ \$43.75 Filing F Certificate of S	Tee & \$\$43.75 Filing Fee & \$\$52.50 Filing Fee,StatusCertified Copy (Additional copy is enclosed)Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

ARTICLES OF DISSOLUTION 11 MAY -3 PH 31 23

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:

ST PETERSBURG REPRESENTATIONAL ART ASSOCIATION INC.

SECOND: The document number of the corporation (if known): N06000011979

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 the 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 number of directors in office was 3 and the vote for resolution was

3 for and 9 Z against. (must be a majority vote)

Effective date of dissolution if applicable: 4/14/11 FOURTH:

(no more than 90 days after dissolution file date)

Signature

ي ب

. .

.

(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.)

KIRS'

(Typed or printed name of the person signing)

lSI

(Title of person signing)

FILING FEE: \$35