

NO70000003424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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with
notice*

03/21/11--01029--013 **35.00

2011 APR-25 PM12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*00789, 00721, 01169, 00671

*APR
4/25/11*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2011

Gregg Baron
The Institute for Organizational
17838 N. US Highway 41
Lutz, FL 33549

SUBJECT: THE INSTITUTE FOR ORGANIZATIONAL EFFECTIVENESS AND
ACCOUNTABILITY, INC
Ref. Number: N07000003424

We have received your document for THE INSTITUTE FOR ORGANIZATIONAL EFFECTIVENESS AND ACCOUNTABILITY, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 511A00006887

RECEIVED

11 APR 25 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of The Institute For Organizational Effectivness and Accountability Inc

DOCUMENT NUMBER: N07000003424

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

Please return all correspondence concerning this matter to the following:

Gregg Baron

(Name of Contact Person)

IOE

(Firm/Company)

17838 N US Highway 41, Lutz, FL 33549

(Address)

Lutz, FL 33549

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Baron

(Name of Contact Person)

at (813)

230-1695

(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

FILED

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following
Articles of Dissolution:

2011 APR 25 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

The Institute For Organizational Effectiveness and Accountability, Inc

SECOND: The document number of the corporation (if known): N07000003424

THIRD: The file date of the articles of incorporation: 4-4-07

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.

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)

Gregg Baron

(Typed or printed name of person signing)

Member - Director

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: The Institute For Organizational Effectiveness and Accountability, Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

No claims are currently in process. Business failed to generate revenue.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

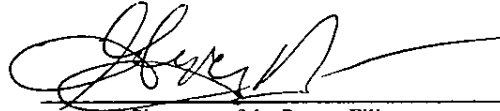
Gregg Baron

17838 N US Highway 41, Lutz, FL 33549

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

NA

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00