ND7000004756

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION: XABLE SPORTS FOUR	NDATION, INC	
DOCUMENT NUMBER: N07000004756		
The enclosed Articles of Dissolution and fee are	submitted for fi	iling.
Please return all correspondence concerning this	matter to the foll	lowing:
ELIO M. NAVARRO		
(Name of Con	tact Person)	
(Firm/Cor 7247 WOODBROOK DRIVE	npany)	
(Addre	ess)	
TAMPA, FL 33625	,	
(City/State and	Zip Code)	
For further information concerning this matter, pl	lease call:	
ELIO M. NAVARRO	at ()	842-6522
(Name of Contact Person)	at (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 F Certified Copy (Additional cop enclosed)	Certificate of Status &

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: The name of the corporation as currently filed with the Florida Department of State: FIRST: XABLE SPORTS FOUNDATION, INC. The document number of the corporation (if known):_____ SECOND: 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 3/2/2017 ____. 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 ___ The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote) Effective date of dissolution, if applicable: **FOURTH** (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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)

Filing Fee: \$35

(Title of person signing)

(Typed or printed name of person signing)

ELIO M, NAVARRO

FOUNDING DIRECTOR

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:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articl of Dissolution.
Description of information that must be included in a claim:
PRODUCT/SERVICE ASSOCIATED WITH CLAIM
CLAIM AMOUNT
CLAIM DATE
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
ELIO M. NAVARRO
7247 WOODBROOK DRIVE
TAMPA, FL 33625
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
ELIO M. NAVARRO
Printed Name of the Person Filing Signature of the Person Filing