

2014-01-30 10:57 TRIAD  
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

VID  
JAN 31 2014  
R. WHITE

DISSOLUTION OR WITHDRAWAL  
HERITAGE PARK AT ARTISAN LAKES HOMEOWNERS ASSOCIATIO

Certificate of Status	0
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HERITAGE PARK AT ARTISAN LAKES HOMEOWNERS ASSOCIATION, INC.

**DOCUMENT NUMBER:** N07000009455

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 )**

(Area Code)

**777-2091**

(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**

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:  
HERITAGE PARK AT ARTISAN LAKES HOMEOWNERS ASSOCIATION, INC.

**SECOND:** The document number of the corporation (if known): N07000009455

**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: *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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