

NO8 000007541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

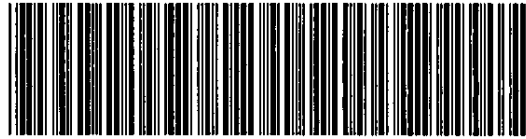
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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100271435761  
04/08/15--01014--014 \*\*35.00

FILED  
15 APR -8 AM 10:54  
CLERK OF DISTRICT COURT  
HALL COUNTY, FLORIDA

APR 10 2014  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** N08000007541

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

Please return all correspondence concerning this matter to the following:

Kevin Thigpen

(Name of Contact Person)

Florida Angels Inc.

(Firm/Company)

10613 Rochester Way

(Address)

Tampa, Florida 33626

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Thigpen

(Name of Contact Person)

at 813

(Area Code)

781-2438

(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:

**Florida Angels Inc.**

SECOND: The document number of the corporation (if known): N08000007541

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

## SECTION I

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

~~X~~ The date of meeting of members at which the resolution to dissolve was adopted

**April 3, 2015**

April 3, 2015. The number of votes cast by the members was sufficient 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)

FOURTH Effective date of dissolution, if applicable: April 3, 2015

(no more than 90 days after dissolution file date)

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)

## Kevin Thigpen

(Typed or printed name of person signing)

## President

(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: Florida Angels 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:*

Date and Location of Claim

Documentation to Support the Claim

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

Florida Angels Inc.

10613 Rochester Way

Tampa, Florida 33626

*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.*

Kevin Thigpen

*Printed Name of the Person Filing*

Kevin Thigpen  
*Signature of the Person Filing*

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