

ND8000009249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

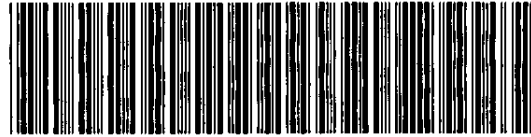
(Business Entity Name)

(Document Number)

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

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12/06/13--01008--013 \*\*35.00

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SECRETARY OF STATE  
13 DEC -6 PM 4:06

Amr Diss  
w/notice  
(10) 12.12.13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRIBUO INC.

**DOCUMENT NUMBER:** N08000009249

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

Please return all correspondence concerning this matter to the following:

**LINDA SCHELLER**

(Name of Contact Person)

(Firm/Company)

**30 SOUTH PALM AVENUE**

(Address)

**SARASOTA, FL 34236**

(City/State and Zip Code)

For further information concerning this matter, please call:

**LINDA SCHELLER**

(Name of Contact Person)

at ( **941** )

(Area Code)

**928-8008**

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:  
**TRIBUO INC**

SECOND: The document number of the corporation (if known): **N08000009249**

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 **11-23-2013**.

The number of directors in office was **2** and the vote for resolution was **2** for and **0** against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: **12-31-2013**  
(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)

**LINDA SCHELLER**

(Typed or printed name of person signing)

**DIRECTOR**

(Title of person signing)

**Filing Fee: \$35**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC -6 PM 4:06

## 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: TRIBUO 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:*

NAME OF PERSON OR COMPANY MAKING THE CLAIM AND THEIR  
MAILING ADDRESS AND TELEPHONE NUMBER  
DATE THE CLAIM WAS FIRST ESTABLISHED AND WHAT PRODUCTS  
OR SERVICES WERE PROVIDED TO CREATE THE CLAIM  
AMOUNT OF THE ORIGINAL CLAIM AND SUBSEQUENT ADJUSTMENTS

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

LINDA SCHELLER  
30 SOUTH PALM AVENUE  
SARASOTA, FL 34236

*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.*

LINDA SCHELLER

*Printed Name of the Person Filing*

  
*Signature of the Person Filing*