

N09000005473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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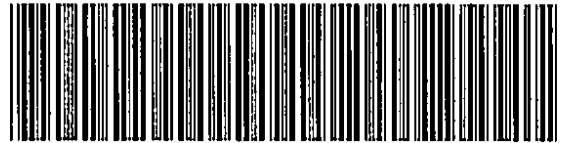
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMAGINE PARENT INVOLVEMENT INCORPORATED

**DOCUMENT NUMBER:** N09000005473

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

Please return all correspondence concerning this matter to the following:

Mary Anne McDevitt

(Name of Contact Person)

Imagine Parent Involvement Incorporated

(Firm/Company)

10535 Portal Crossing

(Address)

Bradenton, Florida 34211

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Anne McDevitt

(Name of Contact Person)

at ( 941 )

(Area Code)

742-3972

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 OCT 26 PM 6:49

October 26, 2020

MARY ANNE MCDEVITT  
10535 PORTAL CROSSING  
BRADENTON, FL 34211

SUBJECT: IMAGINE PARENT INVOLVEMENT INCORPORATED  
Ref. Number: N09000005473

We have received your document for IMAGINE PARENT INVOLVEMENT INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Digital signatures are not acceptable for non-profit corporations and you failed to list a description of information that must be included in a claim on the Notice of Dissolution.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 520A00021223

## 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:

IMAGINE PARENT INVOLVEMENT INCORPORATED

SECOND: The document number of the corporation (if known): NO9000005473

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

7/21/20. 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)

FOURTH Effective date of dissolution, if applicable: AUGUST 15, 2020  
(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: MARY ANNE McDEVITT

(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)

MARY ANNE McDEVITT  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)

Filing Fee: \$35