

N090000009446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

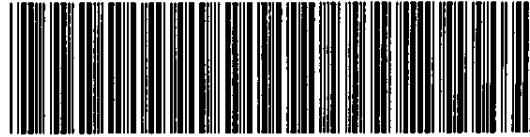
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700216099317

01/06/12--01023--005 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 25 PM 2:59

AKA DIS
CC/CUS
@ 1/25/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF SOUTHEAST COUNCIL OF ORCHID SOCIETIES INC

DOCUMENT NUMBER N09000009446

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

Please return all correspondence concerning this matter to the following:

CINDY MILLER

(Name of Contact Person)

Southeast Council of Orchid Societies Inc.
(Firm/Company)

138 SANDBAR DRIVE

(Address)

JUPITER, FL 33477

(City/State and Zip Code)

For further information concerning this matter, please call:

CINDY MILLER

(Name of Contact Person)

at (561) 743-0588

(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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2012

CINDY MILLER
SOUTHEAST COUNCIL OF ORCHID SOCIETIES
138 SANDBAR DRIVE
JUPITER, FL 33477

SUBJECT: SOUTHEAST COUNCIL OF ORCHID SOCIETIES INC
Ref. Number: N09000009446

We have received your document for SOUTHEAST COUNCIL OF ORCHID SOCIETIES INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 212A00000508

RECEIVED

12 JAN 25 AM 8:38

FLORIDA
TALLAHASSEE, FLORIDA

Thank You
Sincerely yours
Cindy Miller

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 25 PM 2:59

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:

SOUTHEAST COUNCIL OF ORCHID SOCIETIES INC.

SECOND: The document number of the corporation (if known): NC 900 000 9446

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 the 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 12/31/11.

The number of directors in office was 5 and the vote for resolution was

5 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 12/31/11
(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.)

Cindy Miller
(Typed or printed name of the person signing)

TREASURER
(Title of person signing)

FILING FEE: \$35