## N09000011652

Office Use Only



900181856539

06/10/10--01037---001 \*\*175.00



10 JUN 10 PM 1: 44

'à Deberte IIII 4 4: 46468

June 8, 2010

Florida Department of State Division of Corporations P. O. Box 6198 Tallahassee, FL 32314

Please apply check number 1273 dated June 8, 2010 in the amount of \$175.00 from June & Elmer Spear, 5421 North State Road 53, Madison, Florida 32340 to the five document numbers listed below.

The Dissolution of corporation forms are enclosed for each document number/corporation.

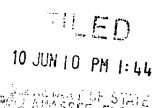
| Thanks,           |       |
|-------------------|-------|
| Luc               | Spean |
| June Spear, Secre | tary  |

| \$35.00  |
|----------|
|          |
|          |
| \$35.00  |
|          |
|          |
| \$35.00  |
|          |
| \$35.00  |
|          |
|          |
| \$35.00  |
| \$175.00 |
|          |

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT: Dissolution of Madison County Cha  | amber of Com  | merce and                                   | Tourism, Inc.  |
|---|---|---|--|
| DOCUMENT NUMBER: N090001165   | 2   |   |  |
| The enclosed Articles of Dissolution and fee a  | are submitted i                                       | for filing.                                 |  |
| Please return all correspondence concerning this  | is matter to th                                       | e following                                 | g:   |
| Cindy Poire   |   |   |  |
| (Name of C  | Contact Person)                                       |   |  |
| Madison County Chamber of Com   | merce and   | d Tourisi                                   | m, Inc.  |
| (Firm/C   | Company)  |   |  |
| 249 SW Range Avenue   |   |   |  |
| (Add  | iress)  |   |  |
| Madison, Florida 32340  |   |   |  |
| (City/State a   | and Zip Code)   |   |  |
| For further information concerning this matter,   | please call:  |   |  |
| Cindy Poire   | _at (_850   | , 869-                                      | 0492   |
| (Name of Contact Person)  |   | Code & Day                                  | timeTelephone Number)  |
| Enclosed is a check for the following amount:   |   |   |  |
| ✓ \$35 Filing Fee  \$\bigcup \$43.75 Filing Fee &   Certificate of Status                       | S43.75 Fili<br>Certified C<br>(Additiona<br>enclosed) | ору   | \$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 |   | Amendm<br>Division<br>Clifton E<br>2661 Exc | r ADDRESS: ent Section of Corporations Building ecutive Center Circle see, FL 32301      |



## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

| Titleles of L | 71330 Iddion.  |  |  |  |
|---------------|--|--|--|--|
| FIRST:        | The name of the corporation as currently filed with the Florida Department of State:   |  |  |  |
|               | Madison County Chamber of Commerce + Tourism, Inc.   |  |  |  |
| SECOND:       | The document number of the corporation (if known): N0900011652   |  |  |  |
| 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   |  |  |  |
|               | The number of directors in office was and the vote for resolution was  |  |  |  |
|               | for and against. (must be a majority vote)   |  |  |  |

| Signature |  |
|-----------|--|
| 1         | (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.) |
| <u>(</u>  | Cindy Poire Cendy Paul  (Typed or printed name of the person signing)  |
| F         | President  |
|           | (Title of person signing)  |

FILING FEE: \$35

(no more than 90 days after dissolution file date)

Effective date of dissolution if applicable: 6/1/2010

FOURTH: