

N100000007963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

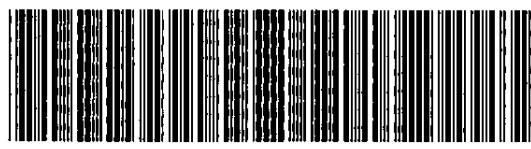
(Business Entity Name)

(Document Number)

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

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Office Use Only



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09/21/10--01030--004 \*\*35.00

2010 SEP 30 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*ASR*  
9/30/10

\*00789, 00721, 01169, 00707, 00671

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of South Florida Travel Baseball INC

**DOCUMENT NUMBER:** N10000007963

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

Please return all correspondence concerning this matter to the following:

Robert Volpe

(Name of Contact Person)

(Firm/Company)

6354 NW 56th Dr

(Address)

Coral Springs, FL. 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Volpe

(Name of Contact Person)

at ( 954 ) 5406932

(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

September 22, 2010

Robert Volpe  
6354 NW 56th Dr.  
Coral Springs, FL 33067

SUBJECT: SOUTH FLORIDA BLAZE TRAVEL BASEBALL INC  
Ref. Number: N10000007963

We have received your document for SOUTH FLORIDA BLAZE TRAVEL BASEBALL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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 be sure to sign the corrected document as the president in the space provided.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 710A00022596

RECEIVED  
10 SEP 30 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

FILED

2010 SEP 30 AM 9:50

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
SOUTH FLORIDA BLITZ TRAVEL BASEBALL INC

SECOND: The document number of the corporation (if known): N10000007963

THIRD: The file date of the articles of incorporation: 8/23/2010

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution (CHECK ONE)  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

- The dissolution was authorized by a majority of the directors:  
OR
- The dissolution was authorized by an incorporator.
- The dissolution was authorized by a majority of the incorporators.

Signature: Anthony Diaz  
(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)

ANTHONY DIAZ  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35