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Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

TO: Amendment Section Division of Corporations		
SUBJECT: Articles of Disso	dution	
DOCUMENT NUMBER:	000375	
The enclosed Articles of Dissolution and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Anne 8	Edwards	
(Name of Co	ontact Person)	
(Firm/Co	ompany)	
7626	Grady Dr	
(Addı	ress)	
NFM	FL 33917	
(City/State an	nd Zip Code)	
For further information concerning this matter,	please call:	
Anne Edwards (Name of Contact Person)	at (239) 745	5-1638
(Name of Contact Person)	(Area Code) (Daytin	me 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:	STREET A	ADDRESS:

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: The document number of the corporation (if known): NHOOOOO335 SECOND: 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 $12 \cdot 27 \cdot 15$ The number of directors in office was _____3__ and the vote for resolution was ____3_ and _____ against. (Must be a majority vote) Effective date of dissolution, if applicable: 12.31.15 **FOURTH** 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: (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)

Filing Fee: \$35

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. 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: Business Dame, Address & written reason for Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.