

N/110000000816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

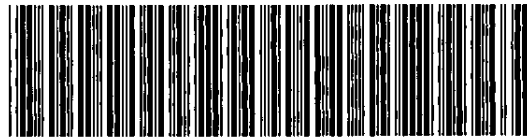
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/16/12--01019--016 **35.00

UD/watnsp

FILED
12 APR 30 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 01 2012

I. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2012

ALEXANDRA BADER
DESIGNER CLOTHING CHARITY
8053 LAUREL RIDGE
DELRAY BEACH, FL 33446

SUBJECT: DESIGNER CLOTHING CHARITY DRIVE, INC
Ref. Number: N11000000816

RECEIVED
12 APR 30 AM 8:03
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for DESIGNER CLOTHING CHARITY DRIVE, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 412A00011988

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DESIGNER CLOTHING CHARITY

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

ALEXANDRA BADER

(Name of Contact Person)

(Firm/Company)

8053 LAUREL RIDGE CT

(Address)

DELRAY BEACH FL 33446

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX BADER

(Name of Contact Person)

at (610) 772 0155

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED

12 APR 30 AM 8:09

ARTICLES OF DISSOLUTION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

DESIGNER CLOTHING CHARITY
Drive, INC

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

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
3/1/2012. 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: _____
(no more than 90 days after dissolution file date)

Signature *Cliff Bader*
(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.)

Alex Bader
(Typed or printed name of the person signing)

President
(Title of person signing)

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.

Name of Corporation: Designer Clothing Charity Drive,

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

DNL

Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

8053 Laurel Ridge Cr.
Delray Beach, FL
33446

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.

Alex Bader
Printed Name of the Person Filing

Alex Bader
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00