

112080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

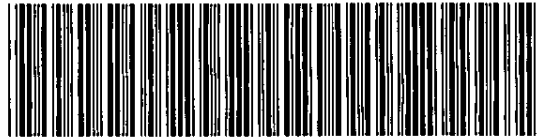
(Document Number)

Certified Copies _____

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15 NOV -2 PM 2:33

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2015 NOV -2 AM 11:30

IN TESTIMONY
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ant D155

NOV 3 2015

I ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 856600 7448543

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : November 2, 2015

ORDER TIME : 12:14 PM

ORDER NO. : 856600-005

CUSTOMER NO: 7448543

DOMESTIC FILINGS

NAME: SQUARE PLAZA CONDOMINIUM
ASSOCIATION, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS:

1a

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Square Plaza Condominium Association, Inc.

DOCUMENT NUMBER: N12080

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

Please return all correspondence concerning this matter to the following:

Kim Taylor

(Name of Contact Person)

Benderson Development Company, LLC

(Firm/Company)

7978 Cooper Creek Blvd, Suite 100

(Address)

University Park, Florida 34201

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Taylor

(Name of Contact Person)

at (941)

(Area Code)

360.7259

(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

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:
Square Plaza Condominium Association, Inc.

SECOND: The document number of the corporation (if known): N12080

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:

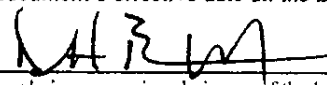
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was October 20, 21015

The number of directors in office was Three and the vote for resolution was Three (3) for and none against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____
(no more than 90 days after dissolution file date)

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)

David H. Baldauf

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

FILED
2015 NOV -2 AM 11:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE