N13000003736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

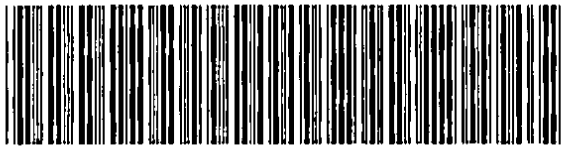
(Business Entity Name)

(Document Number)

rtified Copies _____ Certificates of Status _____

pecial Instructions to Filing Officer:

Office Use Only



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R. WHITE

JAN 10 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2019

ARNOLD ANDREASSEN
365 OLEANDER PLACE
OLDSMAR, FL 34677

SUBJECT: ELWMGA, INC.
Ref. Number: N13000003736

We have received your document for ELWMGA, INC. and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 819A00026337

2020 JAN -3 P 7:16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: N13000003736

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

Please return all correspondence concerning this matter to the following:

ARNOLD ANDREASSEN
(Name of Contact Person)

ELWMGA INC.
(Firm/Company)

365 OLEANDER PLACE
(Address)

OLDSMAR FL 34677
(City/State and Zip Code)

For further information concerning this matter, please call:

ARNOLD ANDREASSEN at (727) 460 6356
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: FEE PREVIOUSLY PAID.

☐$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:

ELWMGA INC.

SECOND: The document number of the corporation (if known): N13000003736

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

2019 DEC 18 P1:10

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 12/15/2019.

The number of directors in office was 3 and the vote for resolution was 3 for and 0 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: Arnold Andreassen
(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)

ARNOLD ANDREASSEN
(Typed or printed name of person signing)

TREASURER
(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: ELWMGA INC.

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:

NO INTEREST IN CONTINUING THE BUSINESS.

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

365 OLEANDER PLACE
OLDSMAR FL 34677

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.

ARNOLD ANDREASSEN
Printed Name of the Person Filing

Signature of the Person Filing

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