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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: DISSOLUTION		
SUBJECT: DISSUALITORY		
DOCUMENT NUMBER: N13000007221		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
BETTY BARTRAM (Name of Contact Person)		
(Name of Contact Person)		
(Firm/Company)		
2520 NW 16th LANE - BAY # 13 (Address)		
POMPANO BEACH, FL 33064 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
BETTY BARTRAM at (56) 856-4442 (Name of Contact Person) (Area Code) (Daytime Telephone Number)		
(Name of Contact Person) (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount:		
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MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:	
	SOUTH FLORIDA VOLLEYBALL ACADEMY, INC.	
SECOND:	.//>	
THIRD:	The file date of the articles of incorporation: $8/8/2013$	
FOURTH	The corporation has not commenced to conduct its affairs. No STart	
FIFTH:	No debts of the corporation remains unpaid. No DebTs	
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:	
	☐ The dissolution was authorized by an incorporator.	
	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.	
Signa	(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) BETTY BARTRAM (Typed or printed name of person signing) OFFICER (Title of person signing)	

Filing Fee: \$35