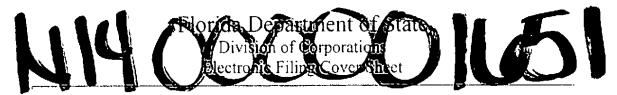
From: Lisa Shuman



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000440424 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : I19990000015 Phone : (727)461-1111 Fax Number : (727)461-6430

## DISSOLUTION OR WITHDRAWAL BUCKS BUSINESS NETWORK OF TAMPA BAY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

J. HORNE

JAN - 3 2023

From: Lisa Shuman - Fax: 17274611111 To: Fax: (850) 617-6380 Page: 3 of 3 12(28/2023 9:03 AM

## 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: BUCKS BUSINESS NETWORK OF TAMPA BAY, INC. The document number of the corporation (if known):  $_{-}^{N14000001651}$ SECOND: Adoption of Dissolution THIRD: (COMPLETE SECTION I OR II) SECTION 1 If the corporation has members entitled to vote: (CHECK/COMPLETE ONE)  $\square$  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 \_\_\_\_\_\_. The number of directors in office was \_\_\_\_\_ and the vote for resolution was \_\_\_\_\_ for and \_\_\_\_ against. (Must be a majority vote) Effective date of dissolution, <u>if applicable</u>: December 31, 2023 **FOURTH** (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. lovey archart 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) TRACEY AREHART (Typed or printed name of person signing) President

Filing Fee: \$35

(Title of person signing)