

N14000002248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

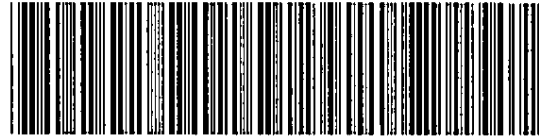
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6663-



600306504146

01/08/18--01022--009 **43.75

FILED

2018 JAN 29 PM 3:09

C. GOLDEN

JAN 29 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE SUNNY ISLES BEACH FOUNDATION

DOCUMENT NUMBER: N14000002248

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

Please return all correspondence concerning this matter to the following:

NORMAN S. EDELCUP
(Name of Contact Person)

(Firm/Company)

323 SUNNY ISLES BLVD, SUITE 508
(Address)

SUNNY ISLES BEACH, FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN S. EDELCUP at (878) 202-1119
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2018

NORMAN S. EDELCUP
323 SUNNY ISLES BOULEVARD
SUITE 508
SUNNY ISLES BEACH, FL 33160

SUBJECT: THE SUNNY ISLES BEACH FOUNDATION, INC.
Ref. Number: N14000002248

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 818A00000512

*See completed documents
attached
JSH/delcup
1/20/18*

IVED

18 JAN 23 PM 1:21

FLORIDA
DIVISION OF
CORPORATIONS

ARTICLES OF DISSOLUTION

FILED

2018 JAN 29 PM 3:09

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:
THE SUNNY ISLES BEACH FOUNDATION, INC.
- SECOND: The document number of the corporation (if known): N14000002248
- THIRD: The file date of the articles of incorporation: MARCH 17, 2014
- FOURTH: The corporation has not commenced to conduct its affairs.
- FIFTH: No debts of the corporation remains unpaid.
- 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:
OR
- ☐ The dissolution was authorized by an incorporator.
- ☐ The dissolution was authorized by a majority of the incorporators.

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)

NORMAN S. EDELCUP

(Typed or printed name of person signing)

DIRECTOR

(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: THE SUNNY ISLES BEACH FOUNDATION, 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:

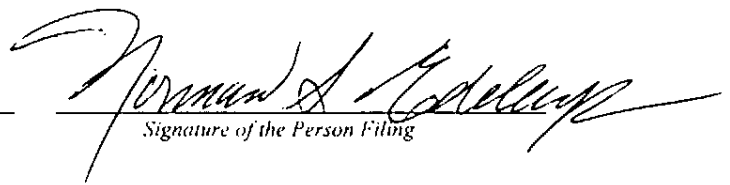
NAME, ADDRESS, DOLLAR AMOUNT OF CLAIM AND
DESCRIPTION OF SERVICES PROVIDED AS CLAIMED

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

NORMAN S. EDELCUP
323 SUNNY ISLES BLVD, SUITE 508
SUNNY ISLES BEACH, FL 33160

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.

NORMAN S. EDELCUP
Printed Name of the Person Filing


Signature of the Person Filing