# N14000007645

1.		
(Re	questor's Name)	
(Ad	ldress)	
`	•	
(Ad	dress)	<del></del> .
(6)	n (Chata (Zia (Dhan	- 40
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
1		

Office Use Only



900289726379

09/07/16-+01006--015 \*\*306.25

2816 SEP - 6 AN I: ZZ

SEP 1 4 2015

CAPROTHERS

# **COVER LETTER**

Division of Corporations	
SUBJECT: AMIKIDS ARTESIA, INC.	
DOCUMENT NUMBER: N14000007645	<del></del>
The enclosed Articles of Dissolution and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Melissa Chaves	
(Name o	f Contact Person)
AMIkids, Inc.	
(Fin	n/Company)
5915 Benjamin Center Drive	
(/	Address)
Tampa, FL 33634	
(City/Stat	te and Zip Code)
For further information concerning this matt	er, please call:
Melissa Chaves	at (813 887-3300
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Statu	\$\begin{align*} \text{ \begin{align*} \text

## **MAILING ADDRESS:**

TO: Amendment Section

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: AMIKIDS ARTESIA, INC. The document number of the corporation (if known): N14000007645 SECOND: 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 06/30/2015 . 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  $\underline{\underline{N/A}}$  and the vote for resolution was  $\underline{\underline{N/A}}$ and N/A against. (Must be a majority vote) Effective date of dissolution, <u>if applicable</u>: 08/01/2016 FOURTH (no more than 90 days after dissolution file date) <u>Note:</u> 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 by the Department of State's records. Signature: chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an

(Title of person signing)

Filing Fee: \$35

(Typed or printed name of person signing)

O.B. STANDER

CHAIRMAN/PRESIDENT

incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)