

N19000000813

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From: Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

**DISSOLUTION OR WITHDRAWAL
KEEP OUR CONSTITUTION CLEAN, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED
2021 SEP 24 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 SEP 24 PM 12:25

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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:
Keep Our Constitution Clean, Inc.

SECOND: The document number of the corporation (if known): N18000000813

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

_____. 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 9-22-21.

The number of directors in office was three (3) and the vote for resolution was three (3) for and zero (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: _____
(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)

Jason A. Zimmerman

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

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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: Keep Our Constitution Clean, 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:

1. Name of Claimant _____
2. Address of Claimant _____
3. Amount of Claim(s) _____
4. Description of Facts giving rise to Claim _____
5. Claimant Contact Person and contact information _____

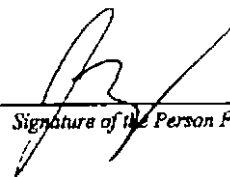
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

301 E. Pine Street, Suite 1400, Orlando, FL 32801

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.

Jason A Zimmerman, Director
Printed Name of the Person Filing

Signature of the Person Filing



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 TALLAHASSEE, FLORIDA

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