

N180000009688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

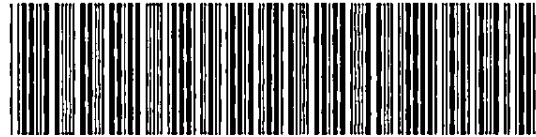
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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dissolution

08/16/21--01029--017 **35.00

FILED

2021 SEP -7 AM 11:27

CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 08 2021

A RAMSEY

*00789, 01092, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP -7 AM 11:59

August 26, 2021

LINDA TAVARES
2425 VILLAGE LANE
TITUSVILLE, FL 32780 US

SUBJECT: KALON DANCE COLLECTIVE PARENT ORGANIZATION, INC
Ref. Number: N18000009688

We have received your document for KALON DANCE COLLECTIVE PARENT ORGANIZATION, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 921A00020610

*Thank
you
so much!
Linda*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Kalon Dance Collective Parent Organization, INC

DOCUMENT NUMBER: N18000009688

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

Please return all correspondence concerning this matter to the following:

Linda Tavares

(Name of Contact Person)

(Firm/Company)

2425 Village Lane

(Address)

Titusville, FL 32780

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Tavares

at (321)

615-0729

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed) ☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:
Kalon Dance Collective Parent Organization, INC

SECOND: The document number of the corporation (if known): N18000009688

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

07/26/2021. 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)

FOURTH Effective date of dissolution, if applicable: 07/26/2021

(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: Linda Tavares
(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)

Linda Tavares

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35