

NIAGARA FALLS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

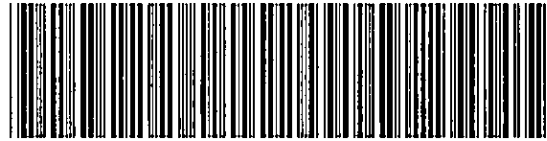
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/27/19--01036--004 **\$35.00

2019 SEP 27 PM 2:44

6:10

R. WHITE
SEP 30 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Sight Inc

DOCUMENT NUMBER: 219000000840

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

Please return all correspondence concerning this matter to the following:

Roselle Levalle
(Name of Contact Person)
FIRSTSIGHT, INC
(Firm/Company)
507 MARBODR. Apt 206
(Address)
West palm Beach FL 33415
(City/State and Zip Code)

For further information concerning this matter, please call:

Roselle Levalle at (561) 478-9153
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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:

First Sight, INC

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

019000000 840

THIRD: The file date of the articles of incorporation:

1/22/19

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)

Roselle Lovelle

(Typed or printed name of person signing)

President

(Title of person signing)

2019 SEP 27 PM 2:44

FILED

Roselle Leveille

567 Mango Dr. Apt. 206

West Palm Beach, FL 33415

E-mail:roselleleveille@yahoo.com

Tel:561-478-9153

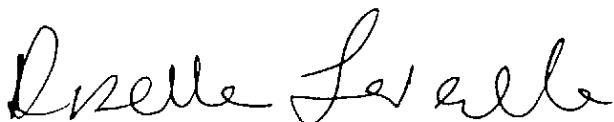
To: Florida Division Of Corporation

I am writing in regard of terminating (dissolve) my account with Florida Division Of Corporation. Thank you, very much!

Please let me know , send me the proof of the terminating (dissolve) my account.

Greatly appreciated that.

Signed,

A handwritten signature in black ink that reads "Roselle Leveille". The script is cursive and fluid, with the first name "Roselle" and last name "Leveille" clearly distinguishable.

Roselle Leveille