

N19 0000007141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

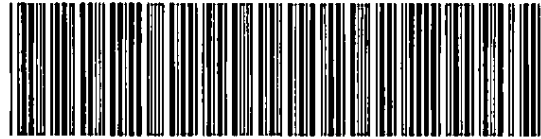
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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V/D



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2020

SUZANNE HOPE
FLORIDA DECORATIVE ARTISTS RETREAT, INC.
18300 CRAWLEY RD
ODESSA, FL 33556

SUBJECT: FLORIDA DECORATIVE ARTISTS RETREAT, INC.
Ref. Number: N19000007141

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

PLEASE COMPLETE ONLY SECTION 1 OR SECTION 2.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 120A00016539

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Decorative Artists Retreat Dissolution

DOCUMENT NUMBER: N19000007141

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

Please return all correspondence concerning this matter to the following:

Suzanne Hope, Treasurer

(Name of Contact Person)

Florida Decorative Artists Retreat

(Firm/Company)

18300 Crawley Rd

(Address)

Odessa, FL 33556

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Hope

at (813)

920-3694

(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:

Florida Decorative Artists Retreat, Inc.

SECOND: The document number of the corporation (if known): N19000007141

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.

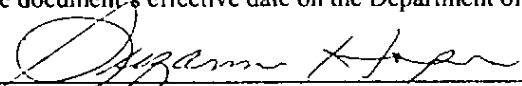
The date of adoption of the resolution by the board of directors was 6/3/2020

The number of directors in office was 7 and the vote for resolution was 5 for and 2 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 6/3/2020

(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)

Suzanne Hope

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

Filing Fee: \$35

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