

N19 0000008747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

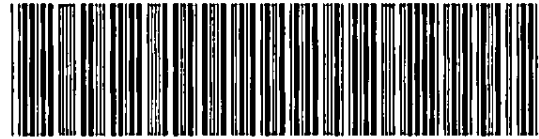
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 MAY -5 AM 8:38

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pumpipes for Veterans

**DOCUMENT NUMBER:** N19000008747

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

Please return all correspondence concerning this matter to the following:

Ellen Folkman

(Name of Contact Person)

Pumpipes for Veterans

(Firm/Company)

PO Box 1159

(Address)

Crystal Beach, FL 34681

(City/State and Zip Code)

For further information concerning this matter, please call:

Ellen Folkman

(Name of Contact Person)

at ( 727 )

(Area Code)

512-3443

(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 617.1401, 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:

Bagpipes for Veterans, Inc.

SECOND: The document number of the corporation (if known): N19000008747

THIRD: The file date of the articles of incorporation: 8/12/2019

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: \_\_\_\_\_

Ellen H. Folkman

(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)

Ellen H. Folkman

(Typed or printed name of person signing)

Secretary/Treasurer

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FL

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Filing Fee: \$35