

N20000002244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

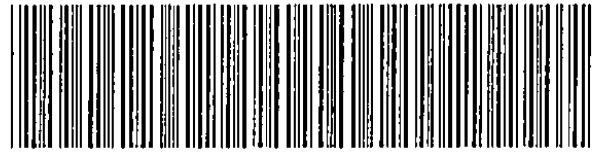
(Document Number)

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2020 JUL 28 AM 9:31

2020 JUL 28 AM 10:01

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JUL 29 2020
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Broke Manwitt Corporation

DOCUMENT NUMBER: N20000002244

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

Please return all correspondence concerning this matter to the following:

Antonio Wright

(Name of Contact Person)

Broke Manwitt Corporation

(Firm/Company)

1700 Joe Louis St Apt 8

(Address)

Tallahassee, FL 32304

(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio Wright

(Name of Contact Person)

at (850)

(Area Code)

956-9225

(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 encl

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:

Brokeman Witit Corporation

SECOND: The document number of the corporation (if known): N20000002244

THIRD: The file date of the articles of incorporation: 2/24/2020

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: Antonio Wright

(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)

Antonio Wright

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

2020 JUL 28 AM 10:01

FILED

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: Broke Man Witit Corporation

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:

As of 7/28/2020 I want to dissolve Brokemanwitit Corporation and turn it over to Brokemanwitit, LLC

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

1700 Joe Louis St Apt 8
Tallahassee, Florida, 32304

2020 JUL 28 AM 10:01

FILED

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.

Antonio Wright

Printed Name of the Person Filing

Antonio Wright

Signature of the Person Filing

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