

N21890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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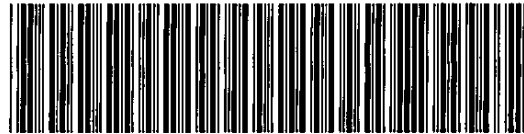
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2007

VICTOR M. REYES
1133 SOUTHEAST 28TH TERRACE
CAPE CORAL, FL 33904

SUBJECT: LONG ISLAND & NEW YORK CLUB OF CAPE CORAL, FLORIDA,
INC.
Ref. Number: N21890

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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 807A00056506

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LONG ISLAND and New York Club of Cape Coral, FLORIDA INC.

DOCUMENT NUMBER: N 21890

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

Please return all correspondence concerning this matter to the following:

VICTOR M. REYES
(Name of Contact Person)

(Firm/Company)
1133 SOUTHEAST 28TH TERRACE
(Address)
CAPE CORAL, FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTOR M REYES at (239) 549-2404
(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

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TALLAHASSEE, FLORIDA

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:
LONG ISLAND NEW YORK CLUB OF CAPE CORAL FLORIDA, INC.
- SECOND: The document number of the corporation (if known): N21890
- 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 the meeting of members at which the resolution to dissolve was adopted
9/8/07. 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: 9-8-07
(no more than 90 days after dissolution file date)

Signature Arthur L. McGovern M.D.
(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.)

DR. ARTHUR MCGOVERN
(Typed or printed name of the person signing)

ACTING PRESIDENT
(Title of person signing)

FILING FEE: \$35