N22746

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of corpor	ation
DOCUMENT NUMBER: N22746	
The enclosed Articles of Dissolution and fee an	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Paul Mattfeld	
(Name of Co	ntact Person)
(Firm/Co	отрапу)
P.O. Box 186 (100 N. Cypress	s St.)
(Addr	ress)
Fellsmere, Fl. 32948	
(City/State an	d Zip Code)
For further information concerning this matter,	please call:
Sherlee Watt	571-8608
(Name of Contact Person)	at (
Enclosed is a check for the following amount:	
X \$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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: Fellsmere Grange Hall, Inc.				
SECOND:	W22746				
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				
		the			
	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:		
	(no more than 90 days after dissolution file date)		
	Signature		
	Taul A. MATTEELD (Typed or printed name of the person signing)		
	Director (Title of person signing)		
	(Title of poison signing)		

FILING FEE: \$35