

N27929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

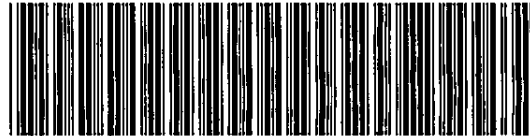
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800281822878

02/12/16--01005--027 \*\*52.50

FILED

16 FEB 12 PM 9:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 12 2016

K. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sahara Club, Inc.

**DOCUMENT NUMBER:** N27929/FEIN 59-2929865

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

Please return all correspondence concerning this matter to the following:

Claudia Burt, Treasurer

(Name of Contact Person)

Sahara Club, Inc.

(Firm/Company)

115 Penelope Dr.

(Address)

Longwood, FL 32750

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Burt

at ( 407 )

463-4691

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                          |                                                                        |                                                                                                     |                                                                                                                                          |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

## 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:  
Sahara Club, Inc.

SECOND: The document number of the corporation (if known): N272929/FEIN 59-2929865

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  
1/11/16. 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 1/11/16.

The number of directors in office was 6 and the vote for resolution was 6 for  
and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 5/31/16  
(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: Harold King

(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)

Harold King

HAROLD KING  
(Typed or printed name of person signing)

President

President  
(Title of person signing)

Filing Fee: \$35

FILED  
16 FEB 12 PM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: Sahara Club, Inc.

*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:*

Name and address of entity or business making claim

Nature of claim

Date and specifics of claim

Contact person (name, address, phone number)

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

Sahara Club Inc.

C/O Claudia Burt, Treasurer

115 Penelope Dr.

Longwood, FL 32750

*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.*

Claudia Burt, Treasurer

Claudia D. Burt  
Printed Name of the Person Filing

Claudia D. Burt  
Signature of the Person Filing

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