

N 38125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

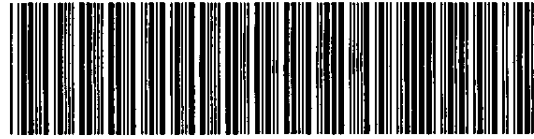
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 MAR -2 AM 9:55

V HERRING
MAR 10 2017

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:
TOBACCO ROAD HOMEOWNERS ASSOCIATION, INC.

SECOND: The document number of the corporation (if known): N 38125

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

M VOTED TO DISSOLVE

(CHECK/COMPLETE ONE)

The date of meeting of members at which the resolution to dissolve was adopted FEB 28TH 2017. The number of votes cast by the members was sufficient for approval. *2 TO RETAIN*

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)

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: *[Signature]*
(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)

KENDRICK BUCHANAN
(Typed or printed name of person signing)

VICE PRESIDENT
(Title of person signing)

Filing Fee: \$35

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FLORIDA DEPARTMENT OF REVENUE