

N 50837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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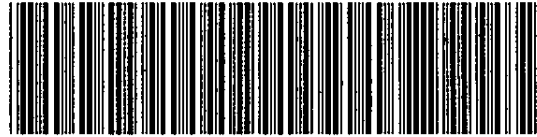
(Business Entity Name)

(Document Number)

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*Voldis.*

D. GONZALEZ NOV 10 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of organization

**DOCUMENT NUMBER:** N50837

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

Please return all correspondence concerning this matter to the following:

Allan Saltman

(Name of Contact Person)

Wedding Professionals of Central Florida, Inc.

(Firm/Company)

PO Box 163238

(Address)

Altamonte Springs, FL 32716-3238

(City/State and Zip Code)

For further information concerning this matter, please call:

Allan Saltman

(Name of Contact Person)

at ( 407 ) 252 8094

(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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SECRETARY OF STATE  
TALLAHASSEE FL 32311

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:

Wedding Professionals of Central Florida, Inc.

SECOND: The document number of the corporation (if known): N50837

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

September 01, 2009. 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: October 01, 2009.  
(no more than 90 days after dissolution file date)

Signature Allan Saltman  
(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.)

Allan Saltman  
(Typed or printed name of the person signing)

Treasurer  
(Title of person signing)

**FILING FEE: \$35**