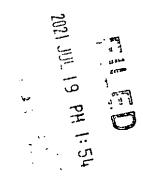
N95000004472

| (Req | uestor's Name) | |
|----------------------------|------------------|-------------|
| (Áddi | ress) | |
| (Addi | ress) | · |
| (City) | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nai | me) |
| (Doc | ument Number) | |
| Certified Copies | · | |
| Special Instructions to Fi | iling Officer: | |
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Office Use Only



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JUL 20 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

Friends of South Lake, Inc. Dissolution SUBJECT: NP95000004472 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathryn Asmann (Name of Contact Person) Friends of South Lake. Inc (Firm/Company) P O Box 120248 (Address) Clermont, FL 34712 (City/State and Zip Code) For further information concerning this matter, please call: Kathryn Asmann (Name of Contact Person) Enclosed is a check for the following amount: ■\$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee. Certificate of Status & Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) Street Address: Mailing Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



RECEIVED

2021 JUL 19 PH 2: 26

Letter Number: 821A00015382

July 6, 2021

KATHRYN ASMANN P.O. BOX 120248 CLERMONT, FL 34712

SUBJECT: FRIENDS OF SOUTH LAKE, INC.

Ref. Number: N95000004472

We have received your document for FRIENDS OF SOUTH LAKE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only 1(one) box.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

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: | | |
|---------|--|--|--|
| | Friends of South Lake Inc | | |
| SECOND: | The document number of the corporation (if known): <u>N950000447</u> 2 | | |
| THIRD: | Adoption of Dissolution (COMPLETE SECTION I OR II) | | |
| | SECTION I If the corporation has members entitled to vote: | | |
| | 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. | | |
| | May 20, 2021. The number of votes cast by the members was sufficient for approval. | | |
| with | ☐ The resolution was adopted by written consent of the members and executed in accordance | | |
| | 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: 10005+16 2021 (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: Altern Aman. (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) | | |
| | (Typed or printed name of person signing) | | |
| | Secvetary Treasurer (Title of person signing) | | |

Filing Fee: \$35