N9700002021

(Re	equestor's Name)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
<u> </u>		
	Office Lise O	- l

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U4/28/05--01015--004 **52.50

Voldis. Tilewis



Office Use Only

Bay Distri	ict Schools		
• •	Accounts		
Internal Fund Purchase Requisition Bay High School			
1200 Harris	on Avenue		
Panama City,			
ORDER NO. 191782	00 Fax (850)872-4651		
ORDER NO. 101104			
	VENDOR INSTRUCTIONS 1. The P.O # must appear on all correspondence referring		
Florida Department of State	to the order		
Florida Department of State Povision of Corporation P.O. Box 6327	 Bill and send invoices directly to the school. Send invoices in triplicate. 		
P.O. Box 6327	 4. To be valid, all purchases must be made on this form and bear 		
Tallahasse, FL 32314	the signature of the Principal		
Delivery Date: Attention.	Account Charged: 5774		
Qty. Unit Description of Items			
i Articles of Dissolu	tion 25.00 35.00		
1 Centified Com	8,75 8.75		
1 Certificate of Sta	4. 0.200		
Certificane OF STA	tus 8,75 8.75		
V			
	Subtoral 52,50		
This purchase is for school use and is exempt from Federal E			
Tax, and Sales Tax. FI Sales Tax Exemption Cert. #13-06-02			
This purchase is not for school use and is subject to appli			
	FOTAL 52,50		
OFFICE USE ONLY PARMENT ANTHORIZATION			
Check Payable to: fla Jeplulmech	Mrs Kaltrey		
Check Date: 4-1-05 Ck # 16617	SPONSOR		
Check Amount \$52.50	Anty W. tak		
Approved (Principal)	Club Organization Office		
Burnana: Directito 1. Dalit C.	Class/Club/Pept		
Purpose: <u>Dissolution of Profit Co</u>	the trail		
Received in good order: (Sponsor) Kntte m. Pat	Date: 3/25/2005 Distribution		
Marine in good order, (aponsor)			
	Whate Vendor		

Yellow

Pmk

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Sociasor

Bookkeeper

Sponsor/Bookkeeper



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 20, 2005

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KRIS PALFREY BAY HIGH SCHOOL 1200 HARRISON AVENUE PANAMA CITY, FL 32401

SUBJECT: BAY AICE PARENTS, INC. Ref. Number: N9700002021

We have received your check totaling \$52.50. However, upon receipt no Articles of Dissolution was attached. We are enclosing the proper form for dissolution of a not for profit corporation, please return the check together with the appropriate document.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis Document Specialist Supervisor

Letter Number: 805A00027006

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ARTICLES OF DISSOLUTION

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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 is Bag ACE Parents, Inc. 55 TI
SECOND: Adoption of dissolution (Complete Section I or II)
SECTION I If the corporation has members entitled to vote:
The date of the meeting of members at which the resolution to dissolve was adopted was $3/24/2005$
(CHECK ONE)
The number of votes cast for dissolution was sufficient for approval.
The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.
SECTION II If the corporation has no members or members with voting rights:
The corporation has no members or members with voting rights.
The date of adoption of the resolution by the board of directors was
The number of directors in office was and the vote for the resolution
was for and against.
Signed this day of <i>Aarch</i> , 2005.
Signature Jans & Liminds (By the Chairman or Vice Chairman of the Board, President or other officer)
Janis E. Simonds Typed or printed name
Title Secretary