N98000005785

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	•
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATE
MALLAHASSEE FI ORIGINAL

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APR 0 4 2017

ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Dissolution of 300 SwimTeam Inc.
DOCUMENT NUMBER: <u>N980000 5785</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Meegan Wilson (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
620 NW 27th Way
(Address)
620 NW 27th Way (Address) 620 NW 27th Way (Address) 620 NW 27th Way (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Meegan Wilson at (352) 373-0023 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
■ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



March 21, 2017

MEEGAN WILSON 620 NW 27TH WAY GAINESVILLE, FL 32607

SUBJECT: 300 SWIM TEAM, INC. Ref. Number: N98000005785

We have received your document for 300 SWIM TEAM, 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 complete only 1(one) section of the form.

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

Letter Number: 517A00005359

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17 APR -4 AM ID: 24

DEPARTMENT OF SEATE

DIVISION OF COMPONATIONS

TALL DAYS SEEF FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to Articles of I	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	300 Swim Team Inc.		
SECOND:	The document number of the corporation (if known): N98 0000 5785		
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I		
	(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:		
	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 $\frac{2}{302}$.		
	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: $2/22/3017$		
	(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: Welgan Wilson (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)		
	Treasurer (Title of person signing)		

Filing Fee: \$35