

N99000000459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

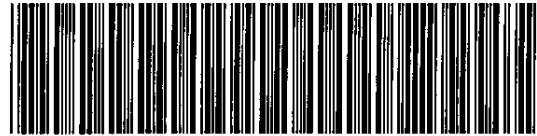
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500059853665

09/26/05--01028--015 **35.00

*Uo/dis
News*

FILED
06 JUN 19 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Non-Profit Corporation

DOCUMENT NUMBER: N99000000459

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

Please return all correspondence concerning this matter to the following:

H. D. Covert

(Name of Person)

Coastal Operations Institute

(Name of Firm/Company)

PO Box 32069

(Address)

Panama City, FL 32407

(City/State/and Zip Code)

For further information concerning this matter, please call:

H. D. COVERT

(Name of Person)

at (850) 527-2377

(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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



6/16/06

Dear Amendments Section,

Maybe if I had submitted the right forms (617.1403 instead of ~~617~~ 617.1401), this would be done by now. We paid an attorney to produce the wrong forms!

Anyway, I believe you have our \$35 check on hand, and this should close the door on the Coastal Operations Institute.

My thanks ~~to~~ "Karen" for explaining this to me carefully on the phone.

Sincerely,
Helmut



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 3, 2005

H.D. COVERT
COASTAL OPERATIONS INSTITUTE, INC.
P.O. BOX 32069
PANAMA CITY, FL 32407

SUBJECT: COASTAL OPERATIONS INSTITUTE, INC.
Ref. Number: N99000000459

We have received your document for COASTAL OPERATIONS INSTITUTE, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The dissolution should contain a statement that the corporation has not commenced to conduct its affairs. *we should have submitted under 617.1403*

The document must have original signatures.

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) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 705A00059893

FILED
06 JUN 19 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

COASTAL OPERATIONS INSTITUTE, INC.

SECOND: The document number of the corporation (if known): N99000000459

THIRD: 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

MARCH 16, 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 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: SEPTEMBER 30, 2005
(no more than 90 days after dissolution file date)

Signature Harold D. Covert
(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.)

HAROLD D. COVERT
(Typed or printed name of the person signing)

EXECUTIVE DIRECTOR
(Title of person signing)

FILING FEE: \$35