## 1199000004987

(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
Special Instructions to Filing Officer:

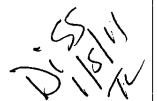
Office Use Only



800188929608

12/28/10--01006--018 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution for non for profit	
DOCUMENT NUMBER: N 99 0000 49 57	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Paige Simpson	
Wedding and Party Professionals of Naple	es
<u> </u>	
Naples FL 34102	
(City/State and Zip Code)	
For further information concerning this matter, please call:  Paige Simpson at (339) 871-9381  (Name of Contact Person) (Area Code & DaytimeTelephone Number)	
Enclosed is a check for the following amount:  \$\sum_\$35 \text{Filing Fee & } \$\sum_\$43.75 \text{Filing Fee & } \$\sum_\$52.50 \text{Filing Fee,} \$\sum_\$65 \text{Filing Fee}  \$\sum_\$52.50 \text{Filing Fee,} \$\sum_\$65 \text{Filing Fee}  \$\sum_\$65 Fili	
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations  STREET ADDRESS: Amendment Section Division of Corporations	
Division of Corporations Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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 + bothy Professionals of Naples, Inc.
The document number of the corporation (if known): N 99000004987 SECOND: 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 MACCH 24, 2010 . 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)

Signature Tous more
(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 the person signing)
President
(Title of person signing)

(no more than 90 days after dissolution file date)

Effective date of dissolution <u>if applicable</u>:

FOURTH:

FILING FEE: \$35