

N99000006027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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Certificates of Status

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Tlew is
Effective date
11-1-07*

10/25/07--01025--008 **43.75

2007 OCT 25 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLE OF DISSOLUTION

DOCUMENT NUMBER: 59-3605242 501C3

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

Please return all correspondence concerning this matter to the following:

EDGAR POUCHET

(Name of Contact Person)

—
(Firm/Company)

8038 LAUREL TREE DRIVE

(Address)

ORLANDO FL. 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

EDGAR POUCHET at (407) 351-4267

(Name of Contact Person)

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

ORLANDO CARIBBEAN MASQUERADERS Association,
Inc.

SECOND: The document number of the corporation (if known): N99000006027

THIRD: The file date of the articles of incorporation: 09/08/99

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution (CHECK ONE)
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ The dissolution was authorized by a majority of the directors:
OR

☒ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

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SECRETARY OF STATE

Signature: 

(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)

EDGAR POUCHET


(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FOURTH: Effective date of dissolution if applicable: 11-1-07
(no more than 90 days after dissolution file date)

Signature 
(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.)

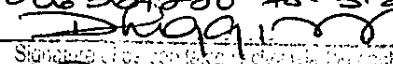
EDGAR POUCHET
(Typed or printed name of the person signing)

PRESIDENT
(Title of person signing)

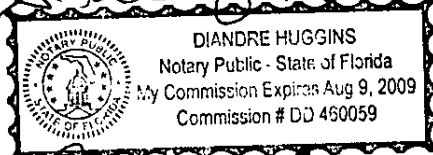
FILING FEE: \$35

Orange
10/23/07 by Edgar Pouchet who is personally known to me or who has produced as identification
PD30006361220 TS. 3.2806 Exp. 4.2.12

(Seal)


DIANDRE HUGGINS
Name typed, printed or stamped
NOTARY PUBLIC

DD460059
Serial number, if any



County of Orange