

N99000006889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

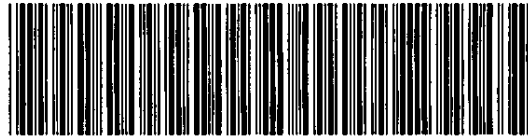
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEAL: EASY TO SEAL  
DIVISION OF COURT CLERKS  
15 APR - 1 PM 2:48

C.L.  
4-6-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PALM AIRE FRIENDS OF THE ARTS, INC.

**DOCUMENT NUMBER:** N99000006889

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

Please return all correspondence concerning this matter to the following:

ELLEN BLOOM

(Name of Contact Person)

FRIENDS OF THE CULTURAL ARTS, INC.

(Firm/Company)

800 SW. 36TH AVE.

(Address)

POMPANO BEACH, FL. 33069

(City/State and Zip Code)

For further information concerning this matter, please call:

THERESA PLATEK, PRES. at (954) 977-3011

(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

15 APR -1 PM 2:48

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:

PALM AIRE FRIENDS OF THE ARTS, INC.

SECOND: The document number of the corporation (if known): N99000006889

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 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 \_\_\_\_\_.

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: 03-19-2014  
(no more than 90 days after dissolution file date)

Signature: Ellen Bloom  
(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)

ELLEN BLOOM  
(Typed or printed name of person signing)

TREASURER  
(Title of person signing)

**Filing Fee: \$35**

**Notice of Corporate Dissolution**

15 APR -1 PM 2:48

*This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

Name of Corporation: PALM HIRE FRIENDS OF THE ARTS, INC.

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.*

*Description of information that must be included in a claim:*

N/A

*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

N/A

*A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.*

ELLEN BLOOM

Printed Name of the Person Filing

Ellen Bloom

Signature of the Person Filing