

P000000103219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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473

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Dissolution and Incorporation
of Tom Hazel Irrigation, Inc

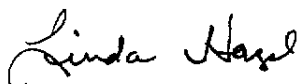
Dear Division of Corporations:

Would you please process the enclosed documents to dissolve the corporation of Tom Hazel Irrigation, Inc Document #P00000103219. This corporation was administratively dissolved last year. I am also requesting that Tom Hazel Irrigation, Inc. be formed as a new corporation.

Enclosed are checks for the \$35.00 fee for dissolution and the \$87.50 fees to form a new corporation.

Thank you very much for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Linda Hazel".

Linda Hazel,
Registered Agent

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOM HAZEL IRRIGATION, INC.

DOCUMENT NUMBER: P00000103219

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

Please return all correspondence concerning this matter to the following:

TOM HAZEL

(Name of Person)

TOM HAZEL IRRIGATION, INC.

(Name of Firm/Company)

170-B CYPRESS WAY EAST

(Address)

NAPLES, FL 34110

(City/State/and Zip Code)

For further information concerning this matter, please call:

LINDA HAZEL

(Name of Person)

at (239) 591-4747

(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Department of State:

TOM HAZEL IRRIGATION, INC.

SECOND: The document number of the corporation (if known): P00000103219

THIRD: The date dissolution was authorized: 09/30/03

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 15 day of October, 2003

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

TOM HAZEL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLASSEE, FLORIDA