

P01000066227

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Coastline Magazine, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Emily SEIBOLD
(Name of Person)

(Name of Firm/Company)

3211 ARNOLD AVENUE
(Address)

ORLANDO, FL 32812
(City/State/and Zip Code)

For further information concerning this matter, please call:

Coleman Blodgett at (508) 274-3452
(Name of 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, Florida 32314

STREET ADDRESS:

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

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:

COASTLINE MAGAZINE, INC.

SECOND: The document number of the corporation (if known): PD1000066227

THIRD: The date dissolution was authorized: 8/27/04

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 27th day of August, 2004.

Signature: Emily Seibold by Coleman Bludgett P.O.A.
(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)

EMILY SEIBOLD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

DURABLE POWER OF ATTORNEY

Know all men by these presents, that I, the undersigned EMILY SEIBOLD of Orlando, Florida, do hereby make, constitute, and appoint COLEMAN BLODGETT of Falmouth, Massachusetts my true and lawful attorney in fact for me and state that this power of attorney shall not be affected by my subsequent disability or incapacity. Under this durable power of attorney, my attorney shall have authority in my name, place and stead, and on my behalf, and for my use and benefit:

1. To sign, seal, execute, acknowledge and deliver any and all deeds, mortgages, releases, discharges of mortgages, assignments or extensions of mortgages, promissory notes, leases, contracts, transfers, assignments and instruments of every kind, nature or description, and to make, execute, endorse, accept and deliver any and all checks, drafts, notes, withdrawals, bills of exchange and trade acceptances, with or without covenants, warranties and representations.

2. To pay, settle or compromise all sums of money, at any time or times, that may now or hereafter be owing upon any obligation incurred by me or on my behalf, or upon any bill of exchange, check, draft, note or trade acceptance, made, executed, endorsed, accepted and delivered by me, or for me and in my name by my said attorney.

3. To sell (for any purpose) at public or private sale, or to exchange, transfer, or cause to be redeemed, at such prices and upon such terms as my said attorney may determine, any or all property from time to time owned by me, whether real, corporate or personal, and to take back mortgages to secure the whole or any part of the purchase price of any property so sold and to extend, assign, discharge or foreclose any mortgages at any time held by my said attorney.

4. To hold, exchange, transfer or sell any real, personal and/or mixed property, tangible or intangible, in my said attorney's own name or in the name of any person, partnership or corporation.

5. To sign my name to and execute on my behalf guarantees of contracts, obligations and indebtedness of any person, firm, association, trust or corporation.

I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or said attorney's substitute or substitutes, shall lawfully do or cause to be done by

virtue of this power of attorney and the rights and powers herein granted.

This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specified items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to said attorney in fact.

This instrument is to be construed and interpreted in accordance with the laws of the state of Florida where applicable and with the General Laws of the Commonwealth of Massachusetts insofar as the actions of my attorney shall deal in or with property in the Commonwealth of Massachusetts. The power of attorney established herein shall not be affected by my subsequent disability or incapacity.

The rights, powers and authority of said attorney in fact herein granted shall commence and be in full force and effect as of the date hereof, and such rights, powers and authority shall remain in force and be binding not only upon me, but also upon my heirs, executors and administrators up to the time of the receipt by my said attorney of a written revocation signed by me or actual knowledge of my death.

I hereby covenant for myself and my heirs, executors and administrators that any person dealing with my said attorney hereunder may rely on a photostatic copy of this instrument to the same extent as upon the original and may rely upon the statements of my said attorney as to the validity and continuance in force of this instrument and that all the acts of my said attorney shall be confirmed and ratified, even if done after my decease, if done in good faith and without actual knowledge of my decease.

If said COLEMAN BLODGETT is unable or unwilling to act or to continue to act as my attorney in fact, I make, constitute and appoint MICHAEL BLODGETT of Orlando, Florida as my attorney in fact hereunder and to be my conservator or guardian as provided herein above.

25th IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of April, 2003.


EMILY SEIBOLD

Orlando, FL

April 25, 2003

Then appeared the above-named EMILY SEIBOLD and made oath that the foregoing Power of Attorney constituted her free act and deed, before me.

STATE OF FLORIDA }
COUNTY OF ORANGE }



Notary Public

granted.

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STATE OF FLORIDA }
COUNTY OF ORANGE }



Peter S. Dharmaj
My Commission DD123804
Expires July 14, 2006



Notary Public
My Commission Expires: July 14, 2006