

P03000066694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

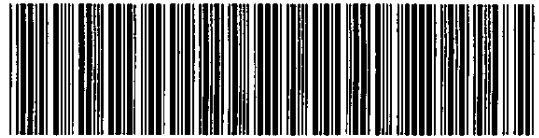
(Document Number)

Certified Copies _____

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07/27/09--01026--016 **35.00

FILED
09 JUL 27 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Valid w/notice
There is
7-29-09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONVERSION of SYNERGY OUTDOOR ADVENTURE RESOURCES, INC. to NFP

DOCUMENT NUMBER: P03000066694

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

Please return all correspondence concerning this matter to the following:

Will MURPHY

(Name of Contact Person)

SYNERGY OUTDOOR ADVENTURE RESOURCES, INC.

(Firm/Company)

2040 POLK STREET

(Address)

HOLYWOOD FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Will MURPHY

(Name of Contact Person)

at (954) 232 7434

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2009

MURPHY'S LAW FIRM, P.A.
2040 POLK STREET
HOLLYWOOD, FL 33020

SUBJECT: SYNERGY OUTDOOR ADVENTURE RESOURCES, INC.
Ref. Number: W09000032744

We have received your document for SYNERGY OUTDOOR ADVENTURE RESOURCES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 409A00024535

*ALL REQUESTED DOCUMENTS + ADDITIONAL PAYMENT ENCLOSED.
(YOUR OFFICE STILL HAS THE DOCUMENTS ORIGINALLY SUBMITTED)*

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 Florida Department of State:

SYNERGY OUTDOOR ADVENTURE RESOURCES, INC.

SECOND: The document number of the corporation (if known): P03000066694

THIRD: The date dissolution was authorized: ~ 16 JULY 2009

Effective date of dissolution if applicable: IMMEDIATE UPON FORMATION of NFF Corp.
(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 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)

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)

Will Murthy is President
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

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

Name of Corporation: SYNERGY OUTDOOR ADVENTURE RESOURCES, 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:

CREDITOR NAME, ADDRESS AND PHONE NUMBER.

NATURE, BASIS AND AMOUNT OF CLAIM, INCLUDING WHEN CLAIM AROSE.

COPIES OF RELEVANT DOCUMENTS

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

2040 POLK STREET

HOLLYWOOD, FL 33020

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.

Will Murphy as President

Printed Name of the Person Filing

Will Murphy as Pres.

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00