

PD3000130320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300271802463

04/17/15--01012--020 **35.00

RECEIVED
15 APR 17 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

APR 21 2015

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of dissolution

DOCUMENT NUMBER: P03000130320

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

Please return all correspondence concerning this matter to the following:

Peter Stiles

(Name of Contact Person)

Sir Sparks Inc.

(Firm/Company)

13292 East US 92

(Address)

Dover, Florida 33527

(City/State and Zip Code)

For further information concerning this matter, please call:

Pete Stiles

(Name of Contact Person)

at **813**)

(Area Code)

365-1567

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 617.1403, 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:

Sir Sparks Inc.

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

P03000130320

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

n/a. 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 04/09/2015

The number of directors in office was 1 and the vote for resolution was 1 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 04/30/2015
(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)

Peter R Stiles

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35