

P060000072675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss. w/ Notice

TB 2-16-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DECLAN ORPEN SHOW STABLES INC

**DOCUMENT NUMBER:** P06000072675

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

Please return all correspondence concerning this matter to the following:

DAVID HERNDON

(Name of Contact Person)

HERNDON CO

(Firm/Company)

4411 HOLLAND LOOP RD

(Address)

CAVE JUNCTION, OR 97523

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID HERNDON

(Name of Contact Person)

at ( 541 ) 592-6688

(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

February 2, 2011

DAVID HERNDON  
HERDON CO  
4411 HOLLAND LOOP RD  
CAVE JUNCTION, OR 97523

SUBJECT: DECLAN ORPEN SHOW STABLES, INC.  
Ref. Number: P06000072675

We have received your document for DECLAN ORPEN SHOW STABLES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of authorization is the date the dissolution was approved. Please correct your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 111A00002747

## 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:

DECLAN ORPEN SHOW STABLES, INC.

SECOND: The document number of the corporation (if known): P06000072675

THIRD: The date dissolution was authorized: 01/03/2011

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

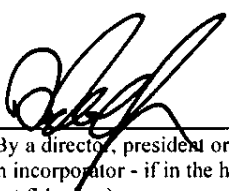
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by 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)

DECLAN ORPEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: DECLAN ORPEN SHOW STABLES, 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:

AMOUNT OF CLAIM, DATE OF ORIGINAL BILL, DESCRIPTION OF  
SERVICE OR PRODUCT PROVIDED, AND LEGAL BASIS FOR CLAIM.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

PO BOX 648  
N. SALEM, NY 10560

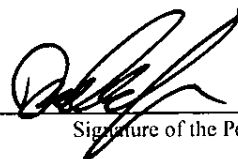
\_\_\_\_\_

\_\_\_\_\_

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.

DECLAN ORPEN

Printed Name of the Person Filing



Signature of the Person Filing

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