

PO7000035079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
16 MAY 23 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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X00789, 01N68, 00707, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2016

L.C. Grafton
Dale Jacobs PA
P.O. Box 2537
Lakeland, FL 33813

SUBJECT: KIMBERLYDALE, INC.
Ref. Number: P07000035079

We have received your document for KIMBERLYDALE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 616A00009689

16 MAY 23 PM 3:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Article of Dissolution

DOCUMENT NUMBER: P070000 35079

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

Please return all correspondence concerning this matter to the following:

Dale Jacobs

(Name of Contact Person)

Dale Jacobs, PA

(Firm/Company)

PO Box 2539

(Address)

LAKELAND, FL 33806

(City/State and Zip Code)

For further information concerning this matter, please call:

L.C. CRAFTON

(Name of Contact Person)

at (

813 648

(Area Code)

1877 0826

(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

ARTICLES OF DISSOLUTION

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

FILED

FIRST: The name of the corporation as currently filed with the Florida Department of State: 16 MAY 23 PM 1:37

Kimberly Dale, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: The document number of the corporation (if known): PO7000036079

THIRD: The date dissolution was authorized: 12-31-14

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Dale Jacobs

(Typed or printed name of person signing)

President

(Title of person signing)