

P110000 14176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

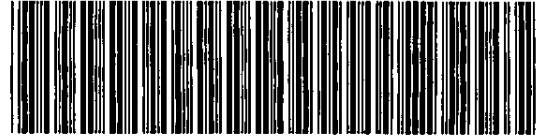
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke with Kerry A. Schultz  
attirel on 2/3/17. She approved  
changes to dissolution.

85

Office Use Only



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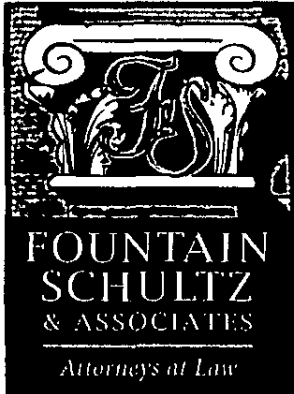
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S. TALLENT

FEB 03 2017

VFD

FILED  
17 JAN 30 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



KENNETH R. FOUNTAIN  
KERRY ANNE SCHULTZ  
SCOTT C. BRIDGFORD

2045 FOUNTAIN PROFESSIONAL CT.  
SUITE A  
NAVARRE, FLORIDA 32566  
TEL: (850) 939-3535  
FAX: (850) 939-3539  
  
SANTA ROSA BEACH  
TEL: (850) 622-2700  
FAX: (850) 622-2722

January 27, 2017

**VIA REGULAR U.S. MAIL**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Articles of Dissolution – TNH Cycles & Rides, Inc.**

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Dissolution for TNH Cycles & Rides, Inc. Also enclosed is check in the amount of \$35.00 for filing the Articles of Dissolution.

Please return a filed copy to me in the enclosed pre-addressed, stamped envelope.

Should you have any questions, please advise. Thank you for your assistance in this matter.

Sincerely,  
**Fountain, Schultz & Associates, P.L.**

Kerry Anne Schultz, Esquire

KAS/amf  
Enclosures

[WWW.FOUNTAINLAW.COM](http://WWW.FOUNTAINLAW.COM)

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TNH CYCLES & RIDES, INC.

**DOCUMENT NUMBER:** P11000014176

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

Please return all correspondence concerning this matter to the following:

Kerry Anne Schultz, Esq.

\_\_\_\_\_  
(Name of Contact Person)

Fountain, Schultz & Associates, PL

\_\_\_\_\_  
(Firm/Company)

2045 Fountain Professional Ct., Suite A

\_\_\_\_\_  
(Address)

Navarre, FL 32566

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Anne Schultz

\_\_\_\_\_  
(Name of Contact Person)

at ( 850-939-3535

\_\_\_\_\_  
(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

## 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:

TNH Cycles & Custom Rides, Inc.

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

PI1000014176

THIRD: The date dissolution was authorized:

1 / 1 / 17

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)

Amodeus Checchio

(Typed or printed name of person signing)

Director

(Title of person signing)

FILED  
17 JAN 30 PM 1:42  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE