

P110000047808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

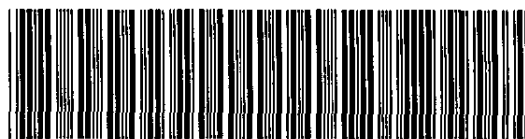
(Business Entity Name)

(Document Number)

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

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Office Use Only



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03/23/12--01015--002 \*\*35.00

FILED

2012 MAR 20 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B Tadlock MAR 23 2012



**Horace Mann**  
Educated Financial Solutions

Leon Sturk  
Sturk Insurance Agency

The Horace Mann Companies  
1200 N. Central Ave, Suite 215  
Kissimmee, FL 34741  
Bus. 407-846-1570  
Fax 407-209-3808  
Leon.Sturk@horacemann.com

Thursday, March 15, 2012

**To: Brenda Tadlock**  
**From: Leon Sturk**  
**Re: Revoke Dissolution and convert to LLC**

**First I want to thank you for your help today on the phone.**  
**You were very helpful and renewed my faith.**

**I am enclosing the Revocation of Dissolution of corporation with the**  
**Check for P11000047808.**

**Also, I have enclosed the conversion paperwork and check to make the**  
**change to an LLC.**

**Again my thanks and I feel confident with your help that this will be**  
**done and correctly.**

**Have a great week and my thanks again.**

**Sincerely yours,**

**Leon Sturk**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Leon Sturk Inc

**DOCUMENT NUMBER:** P11000047808

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

Please return all correspondence concerning this matter to the following:

Leon Sturk

Name of Contact Person

DBA: Sturk Insurance Agency

Firm/Company

1200 N. Central Ave, Suite 215

Address

Kissimmee, Fl. 34741

City/State and Zip Code

Leon.Sturk@horacemamm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon Sturk

Name of Contact Person

at ( 407 ) 846-1570

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 REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is Leon Sturk INC.

SECOND: The document number of the corporation (if known) is P11000047808

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 02/27/2012

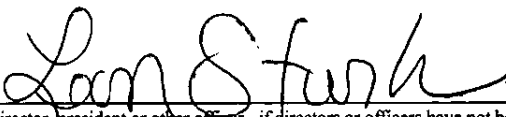
FOURTH: The Revocation of Dissolution was authorized on 3/15/2012

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.  
☒ The incorporators revoked the dissolution.  
☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.  
☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.  
☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by \_\_\_\_\_ was sufficient for approval.  
(voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

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)

Leon Sturk

(Typed or printed name of person signing)

MGR

(Title of person signing)

**FILING FEE \$35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAR 20 AM 9:52

FILED

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:  
LEON STURK INC
- SECOND:** The document number of the corporation: P11000047808
- THIRD:** The file date of the articles of incorporation: May 19, 2011
- FOURTH:** None of the corporation's shares have been issued.  
The corporation has not commenced business.
- FIFTH:** No debt of the corporation remains unpaid.
- SIXTH:** The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH:** A majority of the incorporators authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LEON STURK DIRECTOR  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

## **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.

**Name of Corporation:**

LEON STURK 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:**

THIS WAS CHANGED TO LEON STURK LLC UNDER FEIN # 90-0550409

**Mailing address where claims can be sent:**

1200 N CENTRAL AVE,  
SUITE 215  
KISSIMMEE, FL 34741

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

**Signature:** LEON STURK

Electronic Signature of the Person Filing