

P12000023059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

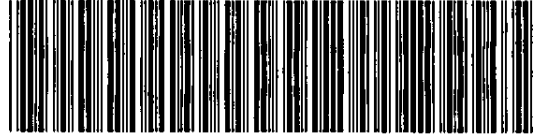
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Kathleen
Campion gave
permission to add
Dale Diss. Authorized
DC
3/4/15

Office Use Only



100268407431

03/05/15--01019--019 **10.00

01/21/15--01005--021 **25.00

FILED
15 FEB 27 AM 11:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

Voldis.
03/19/15
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2015

KATHLEEN CAMPION
KCAMPION, INC
4268 TENNYSON WAY
VENICE, FL 34293

SUBJECT: KCAMPION, INC
Ref. Number: P12000023059

We have received your document for KCAMPION, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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.

RECEIVED
15 FEB 27 AM 10:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
Darlene Cornell
Regulatory Specialist III

Letter Number: 915A00002756

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: articles of dissolution

DOCUMENT NUMBER: P12000023059

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

Please return all correspondence concerning this matter to the following:

Kathleen Campion
(Name of Contact Person)

KCampion Inc
(Firm/Company)

4268 Tennyson way
(Address)

Venice FL 34293
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Campion at (941) 350-0171
(Name of Contact Person) (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)

already sent
\$25 so att check
is \$10 per your letter

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:

*Campion Inc

SECOND: The document number of the corporation (if known): P12000023059

THIRD: The date dissolution was authorized: Feb. 10, 2015

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)

Kathleen Campion
(Typed or printed name of person signing)

CEO / President
(Title of person signing)

FILED
15 FEB 27 AM 11:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35