P15000101230

(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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 DEC -2 AM 9:16

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16 DEC -2 PM 2:10
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DEC 5 2016
C LEWIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 388875 4336650

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : December 2, 2016

ORDER TIME : 1:23 PM

ORDER NO. : 388875-010

CUSTOMER NO: 4336650

DOMESTIC FILINGS

NAME: NORTHPOINT SHORE MANAGEMENT CORP.

XX ___ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: _____

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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:

NORTHPOINT SHORE MANAGEMENT CORP.

SECOND: The document number of the corporation (if known): P15000101230

THIRD: The date dissolution was authorized: November 28, 2016

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)

MARIA KUZINA
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

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2016 DEC -2 AM 9:16

Filing Fee: $35

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: NORTHPOINT SHORE MANAGEMENT CORP.

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:

A claim should include the amount allegedly owed, the facts of, or basis for, the claim, the date on which the claim accrued, whether the claim is secured, unsecured, and/or contingent, and copies of any invoices, contracts, purchase orders, instruments of indebtedness and any other information in your possession on which a claim is based.

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

400 Sunny Isles Blvd., Unit 1718
Sunny Isles Beach, FL 33160

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.

MARIA KUZINA
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