

P16000090896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

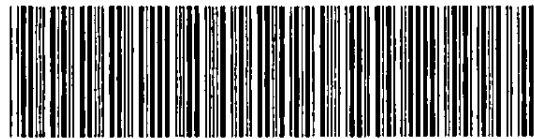
(Document Number)

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CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 07/18/2024
Acc#I20160000072

en: c DW

| | |
|-------------|--------------------|
| Name: | CR OTL Member Inc. |
| Document #: | |
| Order #: | 15766926 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
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| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/> | Email Address for Annual Report Notifications: <div></div> |
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| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
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Amount: \$ **35.00**

Thank you!

ARTICLES OF DISSOLUTION

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2024 JUL 18 PM 8:14
JUL 18

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:

CR OTL MEMBER, INC.

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

P16000090896

THIRD: The date dissolution was authorized:

7/15/24

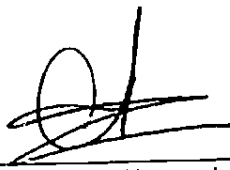
Effective date of dissolution if applicable:

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

CHAD WILLIARD

(Typed or printed name of person signing)

AUTHORIZED SIGNATORY

(Title of person signing)

Filing Fee: \$35