

P18 000094468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

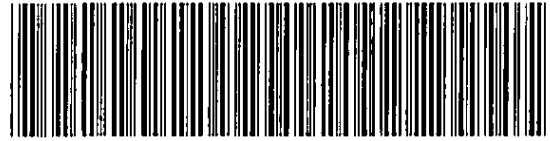
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11 27/01 10:14:00 • \$50.00

2023 FEB 27 PM 5:40

RECEIVED

MAY 16 2023

*Capella Nova Inc.*  
A Community Choir

February 17, 2023

Capella Nova Inc.  
4430 NW 35<sup>th</sup> Terrace  
Gainesville, FL 32605  
352-278-6727  
Sdmoss5@hotmail.com  
Capellanova.org

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

To whom it concerns:

Regarding: **Correcting Corporate Filing**  
Document number: P18000094468  
FEI number: 83-2895766

In November of 2018, Capella Nova Inc. was registered as a Profit Corporation in the state of Florida. **This was not correct.** Capella Nova Inc. should have been registered as a Non-Profit Corporation in the state of Florida.

To remedy the error in filing, we contacted Sunbiz for instruction. The instructions were as follows:

- In one envelope (not online)
  - o Submit a Notice of Corporate Dissolution
  - o Cancel the fictitious name
  - o Re apply for the same fictitious name
  - o Submit Articles of Incorporation for a Not for Profit

Attachments to this letter include:

- o Notice of Corporate Dissolution
  - \$35 check for fee
- o Cancellation of fictitious name
- o Application for the same fictitious name
- o Submission of Articles of Incorporation for a Not for Profit
  - \$70 check for fees

Please let me know if the information provided above and the fees submitted meet the requirements of our intent to dissolve Capella Nova Inc. as a Profit Corporation and re-establish the organization as a Non-Profit Corporation in the state Florida.

Warm regards,  
*Susan Moss*  
Treasurer

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CAPELLA NOVA INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P18000094468  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

JOSHUA MAZUR  
\_\_\_\_\_

(Name of Contact Person)

CAPELLA NOVA INC.  
\_\_\_\_\_

(Firm/Company)

4430 NW 35TH TERRACE  
\_\_\_\_\_

(Address)

GAINESVILLE, FL 32605  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSHUA MAZUR  
\_\_\_\_\_

(Name of Contact Person)

at (352) 278-6727  
\_\_\_\_\_

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

2023 FEB 27 PM 6:11

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:

CAPELLA NOVA INC.

SECOND: The document number of the corporation (if known): P18000094468

THIRD: The date dissolution was authorized: JANUARY 24, 2023

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: Susan Moss

(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)

SUSAN MOSS

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

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: CAPELLA NOVA INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: JANUARY 24, 2023

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SERVICE PROVIDED: \_\_\_\_\_

DATE SERVICE PROVIDED: \_\_\_\_\_

FEE FOR SERVICE PROVIDED: \_\_\_\_\_

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

CAPELLA NOVA INC.

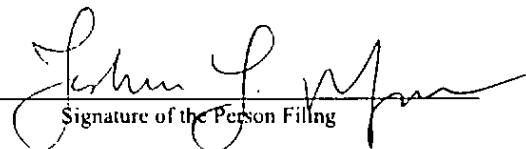
4430 NW 35TH TERRACE

GAINESVILLE, FL 32605

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.

JOSHUA MAZUR

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**