# 00016526

| (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. |
| Special instructions to Filing Officer. |
|   |
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RECEIVED



# Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 12/02/2024     | _   |                                     | ₩WALK IN |
|---------------------|---|-------------------------------------|----------|
| ENTITY NAME Halfti  | me Touring, Inc.                                      |                                     |          |
| DOCUMENT NUMBEI     | R   |                                     |          |
|                     | **PLEASE FILE THE                                     | ATTACHED AND RETURN**               |          |
| xxxxxxxx            | Plain Copy  |                                     |          |
|                     | Certified Copy  |                                     |          |
|                     | Certificate of Status                                 |                                     |          |
|                     | Certified Copy of Arts &<br>Certificate of Good Stand |                                     |          |
|                     | **APOSTILLE' / NO                                     | TARIAL CERTIFICATION**              |          |
| COUNTRY OF DESTIN   | ATION   |                                     | _        |
| NUMBER OF CERTIFIC  | CATES REQUESTED                                       |                                     | _        |
| TOTAL OWED \$35.00  |   | ACCOUNT #: I20160000072             |          |
|                     |   | -5 8 FM                             |          |
| Please call Tina at | the above number for an                               | ny issues or concerns. Thank you so | much!    |

### **COVER LETTER**

TO: Amendment Section Division of Corporations

| SUBJECT: Notice of Corpora               | te Dissolution               | for Halftime Touring, Inc.   |  |
|--|------------------------------|--|--|
| DOCUMENT NUMBER:                         | P240000                      | 16526  |  |
| The enclosed Articles of Diss            | solution and                 | fee are submitted for filin  | g.   |
| Please return all corresponder           | nce concernit                | ng this matter to the follow   | ving:  |
| Carolyn H. Specht                        |                              |  |  |
|  | (Name of                     | Contact Person)  |  |
|  | (Fir                         | m/Company)   |  |
| 50 Montrose Road                         |                              |  |  |
|  | (7                           | \ddress)   |  |
| Yonkers, NY 10710                        |                              |  |  |
|  | (City/St                     | ate and Zip Code)  |  |
| For further information conce            | ening this ma                | atter, please call:  |  |
| Carolyn H. Specht                        |                              | at ()  | 1-1649   |
| (Name of Contact I                       | Person)                      | (Area Code &   | Daytime Telephone Number)  |
| Enclosed is a check for the fo           | llowing amo                  | unt:   |  |
| □\$35 Filing Fee □\$43.75  <br>Certifica | Filing Fee &<br>te of Status | []\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MATHING ADDDESS                          | •                            | STRI   | TET ADDRESS:   |

#### MAILING ADDRESS:

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

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassec, 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:  |                 |  |  |  |  |
|---------|---|-----------------|--|--|--|--|
|         | Halftime Touring, Inc.  |                 |  |  |  |  |
| SECOND: | The document number of the corporation (if known): P24000016526   |                 |  |  |  |  |
| THIRD:  | The date dissolution was authorized: November 26, 2024  |                 |  |  |  |  |
|         | Effective date of dissolution if applicable: (no more than 90 days after dissolution  | n file date)    |  |  |  |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)   |                 |  |  |  |  |
|         | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.   | for dissolution |  |  |  |  |
|         | Dissolution was approved by the shareholders through voting groups.   |                 |  |  |  |  |
|         | The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:   | entitled        |  |  |  |  |
|         | The number of votes cast for dissolution was sufficient for approval by   | ·<br>           |  |  |  |  |
|         |   |                 |  |  |  |  |
|         | (voting group)  |                 |  |  |  |  |
|         | Signature: Privilyn H. Spice 1.   |                 |  |  |  |  |
|         | (By a director, president on 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) |                 |  |  |  |  |
|         | Carolyn H. Specht   |                 |  |  |  |  |
|         | (Typed or printed name of person signing)   |                 |  |  |  |  |
|         | President   |                 |  |  |  |  |
|         | (Title of person signing)   |                 |  |  |  |  |

Filing Fee: \$35