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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	opies Certificates of Status		
Special Instructions to Filing Officer:			





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SECRETARY OF SIMIE SECRETARY OF CORPORATIONS

Clewis 10-29-14



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2014

DONALD L. WISE / DON WISE & ASSOCIATES INC 5479 REGENT PLACE SARASOTA, FL 34233-3345 US

SUBJECT: DON WISE & ASSOCIATES, INC.

Ref. Number: P96000009647

We have received your document for DON WISE & ASSOCIATES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 914A00021674

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

Division of Company in a D.O. DOV 6397 Mallaharma Florida 3931

COVER LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF DON WISE + ASSOCIATES, INC
DOCUMENT NUMBER: P96 00000 9647
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following: Dougld L. Wise Please Please
(Name of Contact Person) Don Wise & Associates, Tuc. (Firm/Company)
5479 REGENT PLACE
SARASOTA, Florida 34233-3345 (City/State and Zip Code)
For further information concerning this matter, please call:
Douald L. Wise at (941) 921-6375 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
See your letter to He \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
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	:	
	DON WISE + ASSOCIATES, INC		
SECOND:	The document number of the corporation (if known): P96 00000 96	47	
ΓHIRD:	The date dissolution was authorized: 9/25/14		
.,	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date	:)	
OURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for diswas sufficient for approval.	solutio	n
	☐ 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:	ı	
	The number of votes cast for dissolution was sufficient for approval by		
	\		
	(voting group)		_
·		14 001	MOISTAN
	Signature: Ornald L. Duse Tresident (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)	4 OCT 24 AMIO:	TARY OF STA
	(Typed or printed name of person signing)	t o	ENS.
	PRESIDENT		

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: DON WISE & ASSOCIATES, INC
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
INVOICE
REASON
Justification &
<u> </u>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
5479 REGENT PLACE
SARASOTA, Florida 34233-3345
Attu: Donald L. Wise
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.
DONALD L. WISE Donald R. Duis
Printed Name of the Person Filing Signature of the Person Filing