

P960000 77190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

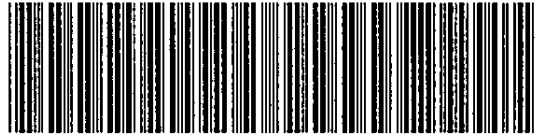
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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*less with notice*

08/03/09--01007--004 \*\*35.00

2009 AUG 14 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*\*00789, 00524, 00672*

*8/11/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** File Articles of Dissolution

**DOCUMENT NUMBER:** P 96000077190

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

Please return all correspondence concerning this matter to the following:

Valerie Duperon

(Name of Contact Person)

Hospitality Orlando, Inc.

(Firm/Company)

P.O. Box 1269

(Address)

Traverse City, MI 49605

(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Duperon

(Name of Contact Person)

at ( 231 ) 941-5052

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
previously paid Certificate of Status Certified Copy Certificate of Status &  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2009

Hospitality Orlando, Inc.  
P.O. Box 1269  
Traverse City, MI 49685

SUBJECT: HOSPITALITY ORLANDO, INC.  
Ref. Number: P96000077190

We have received your document for HOSPITALITY ORLANDO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is for an alien corporation and your corporation is a domestic profit corporation. You must maintain and registered agent for the corporation. I have enclosed a registered agent change form that you may fill out if you wish to change your registered agent.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 609A00026802

RECEIVED  
2009 AUG 14 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

FILED

2009 AUG 14 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Hospitality Orlando, Inc.

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

THIRD: The date dissolution was authorized: 12/31/2008

Effective date of dissolution if applicable: 1/1/2009  
(no more than 90 days after dissolution file date)

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)

Kenneth H. Underwood II

(Typed or printed name of person signing)

Vice President

(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: Hospitality Orlando, Inc.

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:

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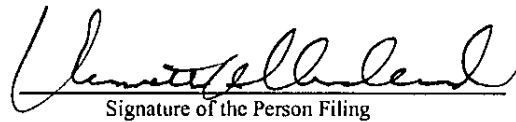
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

C/O Hospitality Restaurant Group, Inc.  
P.O. Box 1269  
Traverse City, MI 49685-1269

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.

Kenneth H. Underwood II  
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**