

P9100do5131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

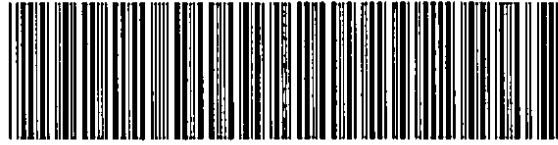
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 DEC 26 PM 2:29
TALLAHASSEE, FLORIDA

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DEC 27 2017

12/27/17

Dis

Marcia Oltz
797 Hawks Bluff
Clermont, FL 34711

Phone: (352) 243-9962
Fax: 866-331-2756
Email: moltz@cfl.rr.com

MEMO

Date: 12-20-2017

To: Fla. Dept of State Divisions of Corporations

From: Marcia Oltz

Subject: Dissolution of company

*Attached is the form required to dissolve our company, Oltzie, Inc.
Pertinent information requested is listed above.*

Thank you.

*The certified copy is
necessary.
Marcia Oltz*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OLTZIE INCORPORATED

DOCUMENT NUMBER: P 99000 105131

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

Please return all correspondence concerning this matter to the following:

MARCIA OLTZ

(Name of Contact Person)

D. B. SALES

(Firm/Company)

797 HAWKS BLVD

(Address)

CLERMONT FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCIA OLTZ

(Name of Contact Person)

at (352 243-9962

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & 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:

OLTZIE INCORPORATED

SECOND: The document number of the corporation (if known): P99000105131

THIRD: The date dissolution was authorized: 12/20/2017

Effective date of dissolution if applicable: 12/20/2017

(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: 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)

MARCIA OLTZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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