

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 JUL 11 AM 7:55

V56472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

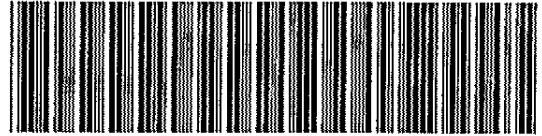
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900057002339

07/11/05--01014--008 \*\*35.00

V67dis

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alpine Discoveries Tour Company

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

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

Please return all correspondence concerning this matter to the following:

Sandra MARSH-VOLKI  
(Name of Person)

Alpine Discoveries Tour Company  
(Name of Firm/Company)

833 Sawgrass Ave. Suite 100  
(Address)

Ponte Vedra Beach, FL 32082  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Sandra MARSH-VOLKI at (904) 873-9101  
(Name of Person) (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, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

Alpine Discoveries Tour Company

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

THIRD: The date dissolution was authorized: February 2, 2009

Effective date of dissolution if applicable: Same as above  
(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 of 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)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: Sandra Marsh-Valko  
(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)

Sandra Marsh-Valko  
(Typed or printed name of person signing)

Vice-President  
(Title of person signing)

Filing Fee: \$35

2009 JUL 11 AM 7:55  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## 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: Alpine Discoveries Tour Company

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:

European Tour Operator; Administration of every-day-to-day activities, such as pre-scouting, the route, the hotels, the chefs, the rooms, every-day touring, selection of bus, selection of opera, etc. for night,

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

MRS. SANDRA MAESTRI-VÖLKL  
853 Sawyers Run Lane  
Porto Vedo Beach, FL 32082  
904 273-9999 Home

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.

\_\_\_\_\_  
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**