

N01000006424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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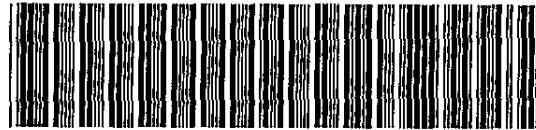
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2006 FEB 27 AM 9:49

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**G. Ouellette** MAR 0 8 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Helping Hands Food, Inc.

**DOCUMENT NUMBER:** N01000006424

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

Please return all correspondence concerning this matter to the following:

Lori Costantino-Brown

(Name of Contact Person)

Helping Hands Food, Inc.

(Firm/Company)

2011 Mercy Drive

(Address)

Orlando, FL 32808-5613

(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Costantino-Brown

(Name of Contact Person)

at ( 407 ) 291-1500

(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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State: Helping Hands Food, Inc.

SECOND: The document number of the corporation (if known): N01000006424

THIRD: The file date of the articles of incorporation: 09/10/01

FOURTH The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution (CHECK ONE)  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

- The dissolution was authorized by a majority of the directors:  
OR
- The dissolution was authorized by an incorporator.
- The dissolution was authorized by a majority of the incorporators.

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 STATE DEPT OF STATE  
 TALLAHASSEE, FLORIDA

Signature: Lori Costantino-Brown  
 (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Lori Costantino-Brown  
 (Typed or printed name of person signing)

Director  
 (Title of person signing)

Filing Fee: \$35