## 1107000007469

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status _
Special Instructions to	Filing Officer:	

Office Use Only

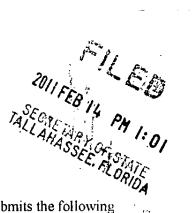


800194055988

02/14/11--01011--025 \*\*35.00

2011 FEB 14 PH 1:01
SECRETARY OF STATE

Digg



## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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:		
	Professional Counselings Centers of Greater Jacksonvile and Orange Park, Incorporated		
SECOND:	The document number of the corporation (if known): N07000007469		
ΓHIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)		
	SECTION I If the corporation has members entitled to vote:		
	(CHECK/COMPLETE ONE)		
	☐ The date of the meeting of members at which the resolution to dissolve was adopted		
	The number of votes cast by the members was sufficient for approval.		
	▼ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.		
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:		
	The corporation has no members or members entitled to vote on the dissolution.		
	The date of adoption of the resolution by the board of directors was		
	The number of directors in office was and the vote for resolution was		
	for and against. (must be a majority vote)		

FOURTH:

Effective date of dissolution if applicable: July 31, 2007

(no more than 90 days after dissolution file date)

Signature

(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.)

## **CRAIG P KURTZ**

(Typed or printed name of the person signing)

President / Druston

(Title of person signing)

FILING FEE: \$35