

P96000092586

Document Number Only

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
CORPORATION(S) NAME

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11/13/96 01003-003
*****70.00 *****70.00

Youth Services International of Dade County, Inc

- ☒ Profit Articles
☐ NonProfit
☐ Limited Liability Company
☐ Foreign
☐ Amendment
☐ Dissolution/Withdrawal
☐ Merger
☐ Mark
☐ Limited Partnership
☐ Reinstatement
☐ Limited Liability Partnership
☐ Certified Copy
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Other
☐ Change of R.A.
☐ Fictitious Name
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11/12/96

CR2E031 (1-89)

11-12-96

State of Florida
Articles of Incorporation
Of

Youth Services International of Dade County, Inc.

FIRST: The corporate name that satisfies the requirements of Section 607.0401 is: Youth Services International of Dade County, Inc.

SECOND: The street address of the principal office of the corporation and its mailing address is:

2 Park Center Court, Suite 200, Owings Mills, Maryland, 21117

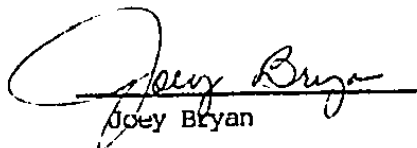
THIRD: The number of shares the corporation is authorized to issue is One Thousand (1,000).

FOURTH: The street address of the initial registered office of the corporation is C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, CITY OF PLANTATION, FLORIDA 33324, and the name of its initial registered agent at such address is C T CORPORATION SYSTEM.

FIFTH: The name and address of each incorporator is:

Joey Bryan
660 East Jefferson Street
Tallahassee, FL 32301
Tamara Odom
address same as above

The undersigned have executed these articles of incorporation this 12th day of November 1996.

 Incorporator
Joey Bryan

 Incorporator
Tamara Odom

Acceptance by the Registered Agent of

Youth Services International of Dade County, Inc.

as required in Section 607.0501

C T Corporation System is familiar with and accepts the obligations provided for in Section 607.0505.

C T CORPORATION SYSTEM

Dated November 12, 1996

By Connie Bryan
CONNIE BRYAN
SPECIAL AGENT IN CHARGE

(Title of Officer)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION(S) NAME

STATE OF FLORIDA
TALLAHASSEE
FEB 10 1997

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2/10/97

Volunteer
Dissolved
2-10-97
DC

ARTICLES OF DISSOLUTION

Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The name of the corporation is Youth Services International of Dade County, Inc..

SECOND: The date dissolution was authorized November 13, 1996.

THIRD: Adoption of Dissolution

- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by vote of the shareholders through voting groups.

The number of votes cast for dissolution was sufficient for approval by _____.

Signed this 22nd day of JANUARY, 1997.

Signature



Timothy P. Cole, Chairman of the Board

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91 FEB 10 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P96000092586
STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section 607, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Youth Services International of Dade County, Inc. EIN or SS#: 52-1955335

Address: Suite 200, 2 Park Center Court
Owings Mills, Maryland 21117

Amount: \$165.00 Date Paid 04-11-97

Reason for claim: Corporation voluntarily dissolved 2-10-97, annual report does not need to be filed.

P96000092586 T. Brumbley

Certified true and correct this 2nd day of May, 19 97.

Signature [Signature]

Timothy P. Cole

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>\$165.00</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>94481 018</u> dated <u>4-11-97</u> .	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____.	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)