

636625

Florida Department of State
Division of Corporations
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From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904)356-2600
Fax Number : (904)355-0233

DISSOLUTION OR WITHDRAWAL
HOMECOMERS, INC.

Certificate of Status	0
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ARTICLES OF DISSOLUTION
of
HOMECOMERS, INC.

2022 NOV 22 PM 3: 05**SECRETARY OF STATE
TALLAHASSEE, FL**

Pursuant to Section 607.1403, Florida Statutes, Homecomers, Inc., a Florida corporation (the "*Corporation*"), submits the following Articles of Dissolution:

ARTICLE I

The name of the corporation is Homecomers, Inc. The document number for the Corporation is 636625.

ARTICLE II

The voluntary dissolution of the Corporation is authorized as of December 31, 2021 (the "*Effective Date*").

ARTICLE III

The dissolution of the Corporation was approved by the shareholders of the Corporation holding a majority of the issued and outstanding stock of the Corporation entitled to vote.

ARTICLE IV

These Articles of Dissolution shall become effective as of December 31, 2021 and the Corporation shall be dissolved as of such date.

ARTICLE V

Pursuant to Section 607.1407, Florida Statutes, a Notice of Dissolution of the Corporation is attached as **EXHIBIT A**.

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IN WITNESS WHEREOF, these Articles of Dissolution are executed as of the Effective
Date.

DocuSigned by:

G. William Hamilton III

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G. William Hamilton, III, as President

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EXHIBIT A
NOTICE OF DISSOLUTION
OF
HOMECOMERS, INC.

This Notice of Dissolution is submitted by Homecomers, Inc., a Florida corporation (the "*Corporation*"), for resolution of payment of unknown claims against the Corporation as provided in Section 607.1407, Florida Statutes.

ARTICLE I

The name of the Corporation is Homecomers, Inc.

ARTICLE II

The effective date of the voluntary dissolution is the date that the Articles of Dissolution are filed with the Florida Department of State.

ARTICLE III

Claims against the Corporation should be submitted to the address listed below. The following information must be included in each claim:

1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Corporation is liable therefor.
3. The harm suffered by claimant.

ARTICLE IV

Claims should be mailed to the Corporation at the following address:

Homecomers, Inc.
1690 A1A S
Saint Augustine, FL 32080

ARTICLE V

Claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

DocuSigned by:

G. William Hamilton III

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G. William Hamilton, III, President