

(Requestor's Name)
•
(Address)
(Address)
(City/State/Zip/Phone #)
(), ,
PICK-UP WAIT MAIL
(Curie en Entite Nome)
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special histagatoris to 1 ming officer.

Office Use Only



000294982760

02/01/17--01011--003

43.75

MOWIN

FEB 03 2017

R. WHITE

COVER LETTER

SUBJECT: World Good News, Inc. DOCUMENT NUMBER: 703745 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John F. Gaillard (Name of Contact Person) Attorney at Law (Firm/Company) 4738 Avon Lane (Address) Jacksonville, FL 32210 (City/State and Zip Code) For further information concerning this matter, please call: John Gaillard (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed)

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

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 617.1403, 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: World Good News, Inc. The document number of the corporation (if known): 703745 SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) **SECTION I** If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) ☐ The date of 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 $\frac{5}{2}$ and the vote for resolution was against. (Must be a majority vote) Effective date of dissolution, if applicable: FOURTH (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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) Mr. Kevin Carrico (Typed or printed name of person signing) President and Board Chairperson

Filing Fee: \$35

(Title of person signing)

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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Printed Name of the Person Filing	Signature of the Person Filing
Kevin Carrico	Min Carin
A claim against the above named corporation will be barred un within 4 years after the filing of this notice.	less a proceeding to enforce the claim is commenced
	····
Jacksonville, Florida 32216	
4203 Southpoint Boulevard	
Daniel Memorial Properties	
Mailing address where claims can be sent: (Claims cannot be s	ent to the Division of Corporations)
damage and/or injury expenses sustained by claimant.	
or, if a claim of casualty, name of claimant, date of casualty event, det	miled description of event; amount of loss,
Date of claim; amount of claim; name of client; detailed description o	f a goods or services supplied by claimant, if any;
Description of information that must be included in a claim:	
Date of dissolution will be the date the dissolution is filed with of Dissolution.	the Department of State or as specified in the Article
Name of Corporation: World Good News, Inc.	