

706509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

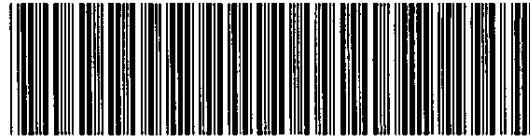
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/15--01021--003 **43.75

15 MAY 12 AM 11:11
SECRETARY OF STATE

C.L.
5-19-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2015

SHERRI ERWIN / COOPER, SIMMS, NELSON & MOSLEY INC
271 W. CANTON AVENUE
WINTER PARK, FL 32789 US

SUBJECT: WOMEN'S RESIDENTIAL AND COUNSELING CENTER, INC.
Ref. Number: 706509

We have received your document for WOMEN'S RESIDENTIAL AND COUNSELING CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 615A00009065

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: 706509

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

Please return all correspondence concerning this matter to the following:

Sherri Erwin

(Name of Contact Person)

Cooper, Simms, Nelson & Mosley, Inc.

(Firm/Company)

271 W. Canton Avenue

(Address)

Winter Park, FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Kirk

(Name of Contact Person)

at (321) 247-7148

(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 617.1403, 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: Women's Residential & Counseling Center, Inc.

SECOND: The document number of the corporation (if known): 706509

THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II)

15 MAY 12 AM 11:11

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 April 22, 2015

The number of directors in office was two and the vote for resolution was two for and none against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____ (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: Sherri P. Erwin

(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)

Sherri P. Erwin

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

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.

Name of Corporation: women's residential + counseling center

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.

Description of information that must be included in a claim:

Date, amount due, prior correspondence regarding claim, documentation of claim including respondents, contact information for claimant

15 MAY 12 PM 11:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

601 Brechin Drive
Winter Park, FL 32792

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

SHERRI P. ERWIN

Printed Name of the Person Filing

Sherril P. Erwin

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00