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TALLAHASSEE FLORIDA

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COVER LETTER

SUBJECT: Community Service Center Of Northeast Polk County **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mrs. Carol Casey (Name of Contact Person) (Firm/Company) 1701 Commerce Avenue #70 (Address)

For further information concerning this matter, please call:

Carol Casey

(Name of Contact Person)

Haines City, FI 33844

TO: Amendment Section

Division of Corporations

at (863) 421-6374 (Area Code & DaytimeTelephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee \$\mathbb{G}\$\$43.75 Filing Fee & \$\mathbb{G}\$\$\$43.75 Filing Fee & \$\mathbb{G}\$\$\$\$52.50 Filing Fee,

Certificate of Status

Certificate of Status &

Certified Copy

(City/State and Zip Code)

(Additional copy is

Certified Copy

enclosed)

(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 617.1401, 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:			
	Community Service Center Of Northeast Polk County 1 Tnc	•		
SECOND:	The document number of the corporation (if known): Papers destroyed in hurricane			
THIRD:	The file date of the articles of incorporation: Unknown-Papers destroyed in Hurricane			
FOURTH	The corporation has not commenced to conduct its affairs.			
FIFTH:	No debts of the corporation remains unpaid.			
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)			
-	The dissolution was authorized by a majority of the directors:	? o		
	The dissolution was authorized by an incorporator.	JUN T		
	☐ The dissolution was authorized by a majority of the incorporators.	= =		
	STATE ORIDA	PM 1: 40		
Signa	nature: Carol D. Casey			
	(By the chairman or vice chairman of the board, president or other officer- if directors have not leadered, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiducitate that fiduciary)	een ary, by		
	Carol Casey			
	(Typed or printed name of person signing)			
	President, Board of Directors			
	(Title of person signing)			

Filing Fee: \$35