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COVER LETTER

SUBJECT: Lifeline of Martin County. Inc. DOCUMENT NUMBER: 755408 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lisa J. Buss (Name of Contact Person) Lifeline of Martin County, Inc. (Firm/Company) 1300 SW Whisper Ridge Trail (Address) Palra City FL 34990 (City/State and Zip Code) For further information concerning this matter, please call: Lisa J. Buss (Name of Contact Person) Enclosed is a check for the following amount: \$\Begin{array} \Begin{array} \text{3.35 Filing Fee} \Begin{array} \Begin{array} \text{43.75 Filing Fee} \Begin{array} \Left{43.75 Filing Fee} \Begin{43.75 Filing Fee} array	Division of Corporations				
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Please return all correspondence concerning this matter to the following: Lisa J. Buss (Name of Contact Person) Liseline of Mackin County, Inc. (Firm/Company) 1300 SW Whisper Ridge Trail Radia City, FL 34990 (City/State and Zip Code) For further information concerning this matter, please call: Lisa J. Buss at (772) 286-4670 (Name of Contact Person) Enclosed is a check for the following amount: \$\Begin{array} \\$35 \text{ Filing Fee} \Begin{array} \\$43.75 \text{ Filing Fee} & \Begin{array} \\$52.50 \text{ Filing Fee}, \Certificate of Status & \Certificate of Status & \(Certified \text{ Copy} & \text{ Certified Copy} & Certifie	DOCUMENT NUMBER: <u>755408</u>				
Lifeline of Markin County, Inc.	The enclosed Articles of Dissolution and fee are submitted for filing.				
Lifeline of Markin County, Inc. (Firm/Company) 1200 SW Whisper Ridge Trail Raddress) Palm City, FL 34990 (City/State and Zip Code) For further information concerning this matter, please call: Lisa J. Buss at (772) 286-4670 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\Begin{array} \\$35 \text{ Filing Fee} & \$\Begin{array} \\$43.75 \text{ Filing Fee} & \$\Begin{array} \\$52.50 \text{ Filing Fee}, \\ Certificate of Status & \\ (Additional copy is \\ enclosed) & \text{ (Additional copy is \\ enclosed)} \\ MAILING ADDRESS: \$\text{STREET ADDRESS:}	Please return all correspondence concerning this matter to the following:				
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	MAILING ADDRESS: Amendment Section Amendment Section				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE. FLORIDA

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:		
	Lifeline of Martin County, Inc.		
SECOND:	The document number of the corporation (if known): 755408		
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)		
	SECTION I If the corporation has members entitled to vote:		
	(CHECK/COMPLETE ONE)		
lit.	The date of the meeting of members at which the resolution to dissolve was adopted		
0.8	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 March 4, 2009.		
	The number of directors in office was and the vote for resolution was		
	for and against. (must be a majority vote)		

FOURTH:	Effective date of dissolution if applicable:	March 4, 2009 (no more than 90 days after dissolution file date)

(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.)

Lisa J. Buss
(Typed or printed name of the person signing)

(Title of person signing)

FILING FEE: \$35