

AZ10060000393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

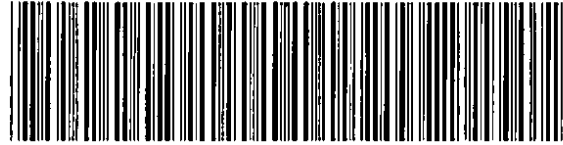
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900416566479

SECRETARY OF STATE
DIVISION OF CORPORATIONS
RECEIVED
2023 OCT 13 PM 12:40
2023 OCT 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT

10/13/23

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/13/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1184459

ORDER ENTITY

CORE FL HOUSING PARTNERS I LP

PLEASE PERFORM THE FOLLOWING SERVICES:

CORE FL HOUSING PARTNERS I LP (FL)

File the attached cancellation document

NOTES:

\$25.00 Authorized

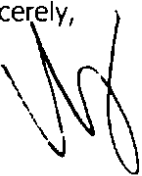
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



2023 OCT 13 PM 12:40
DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**CERTIFICATE OF DISSOLUTION
FOR**

CORE FL HOUSING I LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on August 3, 2021, assigned Florida document number A21000000393, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)


The partnership was formed with the expectation of doing business in Florida. The opportunity to do so did not come to fruition. The partnership does no business in Florida.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2023 OCT 13 PM 12:40

SECRETARY OF STATE
DIVISION OF CORPORATIONS