

K28754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

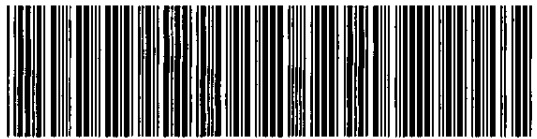
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR -2 AM 9:44

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HELPING HANDS STAFFING SERVICES, INC.

DOCUMENT NUMBER: K28754

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

Please return all correspondence concerning this matter to the following:

STEPHANIE A. REINICKE, ESQ.

(Name of Contact Person)

DUNLAP & MORAN, P.A.

(Firm/Company)

P.O. BOX 3948

(Address)

SARASOTA, FL 34230

(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHANIE REINICKE

(Name of Contact Person)

at (941) 907-9700

(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 DISSOLUTIONFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -2 AM 9:44

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

HELPING HANDS STAFFING SERVICES, INC.

SECOND: The document number of the corporation (if known): K28754

THIRD: The date dissolution was authorized: MARCH 19, 2009

Effective date of dissolution if applicable: MARCH 19, 2009

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: Christine Bowman

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

CHRISTINE BOWMAN

(Typed or printed name of person signing)

DIRECTOR/PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

CORPORATE AFFIDAVIT

STATE OF FLORIDA
COUNTY OF SARASOTA

THE UNDERSIGNED, CHRISTINE BOWMAN, herein called Affiant, says:

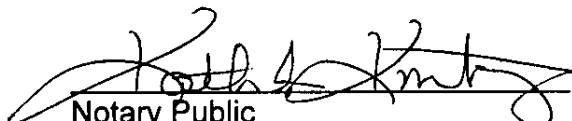
1. Affiant is the President and a Director of HELPING HANDS STAFFING SERVICES, INC., a Florida corporation.
2. All Directors have approved the Amendment to the Articles of Incorporation.
3. Affiant is filing Articles of Dissolution with this Affidavit in the records of the State of Florida.
4. Affiant hereby releases the use of the name "HELPING HANDS STAFFING SERVICES, INC." so that REHN STAFFING, INC., can file an Amendment to Articles of Incorporation to change its corporate name to "HELPING HANDS STAFFING SERVICES, INC."

Under penalties of perjury, Affiant declares that Affiant has read the foregoing affidavit and that the facts stated in it are true.


CHRISTINE BOWMAN

The foregoing instrument was acknowledged before me this 31 day of ~~MARCH~~ MARCH 2009 by CHRISTINE BOWMAN, who is personally known to me or who has produced Driver's License as identification and who did not take an oath.

MY COMMISSION EXPIRES:


Notary Public
Print name:

Prepared by:
Stephanie A. Reinicke, Esq.
Dunlap & Moran, P.A.
P.O. Box 3948
Sarasota, FL 34230

