

L18000023452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 MAY -3 PM 12:07

JUN 18 2021

R. HUNT

L25

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dissolution  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Nichols

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1415 Panther Ln. #409

\_\_\_\_\_  
(Address)

Naples, FL 34109

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Nichols

\_\_\_\_\_  
(Name of Person)

239

244-8644

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Foundation Income Fund, LLC

2. The Articles of Organization were filed on January 25, 2018 and assigned

document number L18000023452

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Company ceased operations. Windup of company's activities and affairs completed.

Company ceased operations. Windup of company's activities and affairs completed.

Company ceased operations. Windup of company's activities and affairs completed.

2021 MAY -3 PM 12:07  
SECRETARY OF STATE  
DIVISION OF CORPORATION

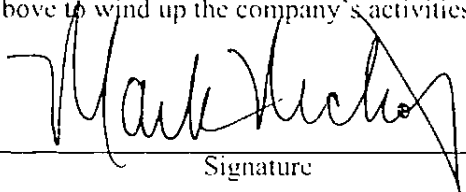
5. If there are no members, enter the name and address of the person appointed to wind up the company

activities and affairs: Mark Nichols

1415 Panther Ln. #409

Naples, FL 34109

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

Mark Nichols

Printed Name

**FILING FEE: \$25.00**