

m38630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 08 2012  
T. LEMIEUX  
5517

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Article of Dissolution

**DOCUMENT NUMBER:** M38630

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

Please return all correspondence concerning this matter to the following:

Kathryn Baril

(Name of Contact Person)

Discovery Day Care Inc.

(Firm/Company)

6840 S.W. 77 Terrace

(Address)

Miami, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn Baril

(Name of Contact Person)

at (305) 297-8632

(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 DISSOLUTION

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:

Discovery Day Care Inc.

SECOND: The document number of the corporation (if known): M38630

THIRD: The date dissolution was authorized: 10/4/2012

Effective date of dissolution if applicable: 12/31/2012  
(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: \_\_\_\_\_

(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)

Kathryn Baril

(Typed or printed name of person signing)

V.P.

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$35