NOCOCCETSSC

(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:
L





700336715727

11/19/19--01010--028 **35.00

STURE LARY OF STATE
TYPE TOWNER CORPORATION

neitulo sa Or jutilus suitsoni

DEC 19 2019

D CUSHING

COVER LETTER

·		
SUBJECT: Dissolution of a non- profit corporation	on.	
DOCUMENT NUMBER: N00000004380		
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
William C Goff		
(Name of	Contact Person)	
Home Rehabilitation and Development, Inc.		
(Firm	/Company)	
2411 Formosa Drive		
(Ac	ddress)	
Tallahassee, FL 32308		ت
(City/State	and Zip Code)	19 SE
For further information concerning this matter	r, please call:	AON COMP
William C Goff	850 545-7986 at ()	61 ANY
(Name of Contact Person)	(Area Code) (Daytime T	elephone Number) 국
Enclosed is a check for the following amount		STATE ORATIO 12: 44
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified Copy Ce (Additional copy is Ce enclosed) (A	t.50 Filing Fee, rtificate of Status & rtified Copy dditional copy is nclosed)

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

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 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:				
	Home Rehabilitation and Development, Inc.				
SECOND:	The document number of the corporation (if known):				
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)	61 SIA10 38			
	SECTION I If the corporation has members entitled to vote:	SEURE TARY ASION OF S	7 1		
	(CHECK/COMPLETE ONE) ☐ The date of meeting of members at which the resolution to dissolve was adopted The number of votes cast by the members was suffi	A OE ST 7088027 51415:	[U		
	. 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 number of directors in office was $\frac{3}{2}$ and the vote for resolution was $\frac{3}{2}$ and $\frac{0}{2}$ against. (Must be a majority vote)	for		
FOURTH	Effective date of dissolution, if applicable: (no more than 90 days after dissolution file date) 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.				
	(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)				
	William C Goff				
	(Typed or printed name of person signing)				
	C.E.O.				
	(Title of person signing)				

Filing Fee: \$35