N01000004395

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne): : +
(Do	cument Number)	. (n - ₹
	-	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		
<u> </u>		

Office Use Only



700163407167

12/10/09--01013--025 **35.00

99 DEC 10 PM 1: 24
SECRETARY OF STATE

Series Strong

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: DISSOLUTION OF A FLORIDA NOT FOR PROFIT CORPORATIONS GAEATER TALLAHASTE FIBROMYALGIA SYNDROME & CHRONIC FATIGUE SYNDROME OUTREACH GROUP
DOCUMENT NUMBER: No100004395
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAUL I. CARPENTER (Name of Contact Person)
CREATER TALLAMASSEE FIBROMYNLGIA SYNDROME & CHRONIC FATIGUE JYNDROME
(Firm/Company)
3325 SHADOWMOSS DR.
(Address)
TALLAHACSEC FL 32308
3325 SHADOWMOSS DR. (Address) TATLAHASSEE, FL 32308 (City/State and Zip Code)
For further information concerning this matter, please call:
PAUL L. CARPENTER at (850) 668-8615 (Name of Contact Person) (Area Code & DaytimeTelephone Number)
(Name of Contact I clash) (Area Code & Daytime I clephole Number)
Enclosed is a check for the following amount:
Status S
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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 GREATER TALLAHASSEE FIBROMYALGIA SYNDROME SYNDROME OUTREACH GROUP, Inc.	State:	RONIC	FATIGUE
SECOND:	The document number of the corporation (if known): Nologo 4395	; -		
THIRD:	The file date of the articles of incorporation: 12/08/2009	TALL	O 60	
FOURTH	The corporation has not commenced to conduct its affairs.	AHASI AN A AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AHASI AN A A A A A A A A A A A A A A A A A A	EC C	, 400.
FIFTH:	No debts of the corporation remains unpaid.			,
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has director	STATE	1: 24	
	The dissolution was authorized by a majority of the directors: OR			•
	☐ The dissolution was authorized by an incorporator.			
	☐ The dissolution was authorized by a majority of the incorporators.			
Sigr	(By the chairman or vice chairman of the board, president or other officer- if directors has selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed that fiduciary) Role H. Price (Typed or printed name of person signing) President (Title of person signing)			

Filing Fee: \$35