

ND1000008266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

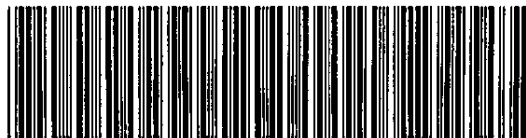
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/03/16--01024--008 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 AUG -3 AM 10:52

AUG 12 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Business

DOCUMENT NUMBER: NO1000008266

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

Please return all correspondence concerning this matter to the following:

Lisa Holliday

(Name of Contact Person)

No More Homeless Pets, Inc.

(Firm/Company)

4205 NW 6th Street Suite A-1

(Address)

Gainesville, FL 32609

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Holliday

(Name of Contact Person)

at (352)
(Area Code)

373-5855 x 708

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 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:
No More Homeless Pets, Inc.

SECOND: The document number of the corporation (if known): NO1000008266

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☒ The date of meeting of members at which the resolution to dissolve was adopted

06/23/2016

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:

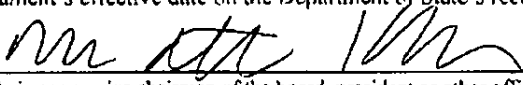
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 07/31/16
(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.

Signature: 

(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).

Martha Kern

(Typed or printed name of person signing)

Board President

(Title of person signing)

Filing Fee: \$35

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DIVISION OF CORPORATION
2016 AUG -3 AM 10:52

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: No More Homeless Pets, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

Date of transaction, invoice with full detail/description and authorization/purchase order number.

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

4205 NW 6th Street Suite A-1

Gainesville, FL 32609

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Martha Kern

Printed Name of the Person Filing

Martha Kern

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00