# NO 2-0000000770

(Re	equestor's Name	)
(Ac	ldress)	
(Ac	idress)	_
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	ime)
(Document Number)		
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	





700280215367

12/28/15--01009--005 \*\*35.00

2015 DEC 28 PM 2: 43
SECRETARY OF STATE
SECRETARY OF STATE

DEC 3 0 2014 C. CARROTHERS

# **COVER LETTER**

Division of Corporations		
SUBJECT: THRIVE FAMILY SERVICES, INC.		
DOCUMENT NUMBER: N02000000770		
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Christina Shultz		
(Name of	Contact Person)	· ·
Thrive Family Services, Inc.		
(Firm	(Company)	
Post Office Box 214017		
(Ac	idress)	
South Daytona, Florida 32121		
(City/State	and Zip Code)	
For further information concerning this matter	r, please call:	
Christina Shultz	at (386) 256-0711 (Dayti	
(Name of Contact Person)	(Area Code) (Dayti	me Telephone Number)
Enclosed is a check for the following amount	:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	_	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

### **MAILING ADDRESS:**

TO: Amendment Section

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:  THRIVE FAMILY SERVICES, INC.
SECOND:	The document number of the corporation (if known): No2000000770
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
	. 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 II  If the corporation has no members or members entitled to vote on the dissolution.
	The corporation has no memoris of memoris change 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 $\frac{3}{2}$ and the vote for resolution was $\frac{3}{2}$ for and $\frac{0}{2}$ against. (Must be a majority vote)
FOURTH	Effective date of dissolution, if applicable: 12/17/2015  (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: 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)
	CHRISTINA SHULTZ
	(Typed or printed name of person signing)
	VICE-PRESIDENT
	(Title of person signing)

Filing Fee: \$35