

ND20000002039

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of THE LOVE DOCTORS CHARITIES, INC.

**DOCUMENT NUMBER:** N02000002039

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

Please return all correspondence concerning this matter to the following:

David N. Sowerby, Esq.

\_\_\_\_\_  
(Name of Contact Person)

DAVID N. SOWERBY, P.L.

\_\_\_\_\_  
(Firm/Company)

2940 South 25th Street

\_\_\_\_\_  
(Address)

Fort Pierce, FL 34981

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

David N. Sowerby

at ( 772 )

464-7900

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:  
THE LOVE DOCTORS CHARITIES, INC., a Florida Non Profit Corporation

SECOND: The document number of the corporation (if known): N02000002039

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 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 June 18, 2014.

The number of directors in office was 18 and the vote for resolution was 18 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: June 30, 2014  
(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: Patricia Scott

(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)

Patricia Scott

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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DIVISION OF CORPORATION  
2015 SEP - 8 PM 3:39

## ***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: THE LOVE DOCTORS CHARITIES, 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:*

Name and Address of Claimant; Amount of Claim; Basis of Claim; Copies of any and all Evidence of Claim;

Copies of any and all Demands or Notices.

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

c/o Patricia L. Koester

121 NE Twylite Terrace

Port St. Lucie, FL 34983

*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.*

Patricia Scott, President

*Printed Name of the Person Filing*

*Patricia Scott*

*Signature of the Person Filing*

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