N03 000010972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

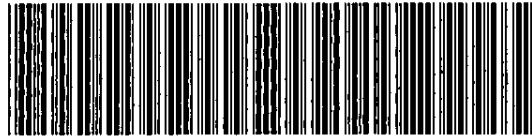☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Amendment Section
Division of Corporations

Dissolution**SUBJECT:** ___Dissolution of Corporation_____

DOCUMENT NUMBER: ___N0 3000010972_____

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

Please return all correspondence concerning this matter to the following:

Richard Ludden
_____
(Name of Contact Person)

Richard Ludden Job Placement Services. Inc.
_____
(Firm/Company)

533 Lake Carolvn Circle
_____
(Address)

Lakeland. FL 33813
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

____Richard Ludden____ at (__863__) ___607-9248___
(Name of Contact Person)   (Area Code & DaytimeTelephone Number)

Enclosed is a check for the following amount:

❑ $35 Filing Fee ❑ $43.75 Filing Fee & ☒ $43.75 Filing Fee & ❑ $52.50 Filing Fee,
                    Certificate of Status   Certified Copy   Certificate of Status &
                                            (Additional copy is   Certified Copy
                                            enclosed)   (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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2010

RICHARD LUDDEN
533 LAKE CAROLYN CIRCLE
LAKELAND, FL 33813

All they had was sign page + coversheet

SUBJECT: RICHARD LUDDEN JOB PLACEMENT SERVICES, INC.
Ref. Number: N03000010972

We have received your document for RICHARD LUDDEN JOB PLACEMENT SERVICES, INC. and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 910A00005905

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:

_____Richard Ludden Job Placement Services, Inc._____

SECOND: The document number of the corporation (if known): NO 3000010972

THIRD: Adoption of Dissolution
(Complete Section I or II)

SECTION I
If the corporation has members entitled to vote:

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

_____.

(CHECK ONE)

❏ The number of votes cast for dissolution was sufficient for approval.

❏ The resolution was adopted by written consent and executed in accordance with 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 ___March 5, 2010___.

The number of directors in office was____5____ and the vote for resolution was

____5____ for and ____0____ against. (must be a majority vote)

FOURTH: Effective date of dissolution _if applicable_: _____March 31, 2010_____

                                                    (no more than 90 days after dissolution file date)

Signature ___Richard ~~Ludden~~_____
          (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.)

_____Richard Ludden_____
          (Typed or printed name of the person signing)

_____President_____
          (Title of person signing)

FILING FEE: $35