

N04000003594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

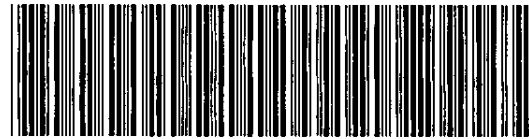
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF SUPERIOR COURT

13 SEP -9 PM 2:57

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Valid  
9-10-13  
JC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2013

DEBORAH A. GODFREY  
1826 VANCOUVER DR.  
CLEARWATER, FL 33756-1733

SUBJECT: STARS/STRIVE OF PINELLAS COUNTY, INC.  
Ref. Number: N04000003594

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The effective date cannot be prior to or more than 90 days after the date of filing in this office.

The document must be adopted in one of the following manners:

If the corporation has members entitled to vote:

- (1) the date of the meeting of members at which the resolution to dissolve was adopted.
- (2) a statement that the number of votes cast for dissolution was sufficient for approval, OR
- (3) a statement that a resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

If the corporation has no members or members entitled to vote:

- (1) a statement that the corporation has no members or members entitled to vote on the dissolution.
- (2) the date of adoption of the resolution by the board of directors.
- (3) the number of directors then in office and the vote for the resolution.

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) 245-6050.

Darlene Connell  
Regulatory Specialist II

Letter Number: 713A00020478

September 6, 2013

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: STARS/STRIVE OF PINELLAS COUNTY, INC.  
NO4000003594  
LETTER NUMBER: 713A00020478

To Whom It May Concern:

Per your request, please find enclosed a revised "Articles of Dissolution" form for the above named organization, and a copy of your letter number 713A00020478.

With the assistance of a representative of the Department of State (Theresa) it was directed that under the particular circumstances of this matter, "Section I" of the form should have been completed rather than "Section II" as initially submitted.

I apologize for any inconvenience and hope that with the correction the process for dissolution can proceed.

Very truly yours,



Deborah A. Godfrey  
Executive Director  
STARS/STRIVE of Pinellas County, Inc.

RECEIVED  
13 SEP -9 PM 1:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** STARS-STRIVE OF PINELLAS COUNTY, INC.

**DOCUMENT NUMBER:** N04000003594

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

Please return all correspondence concerning this matter to the following:

**DEBORAH A GODFREY**

(Name of Contact Person)

**N/A**

(Firm/Company)

**1826 VANCOUVER DRIVE**

(Address)

**CLEARWATER, FLORIDA 33756-1733**

(City/State and Zip Code)

For further information concerning this matter, please call:

**DEBORAH A GODFREY**

(Name of Contact Person)

at **727**

(Area Code)

**798-1047**

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" 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 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:

**STARS/STRIVE OF PINELLAS COUNTY, INC.**

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

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

**MAY 31, 2013**

\_\_\_\_\_ 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: \_\_\_\_\_

(no more than 90 days after dissolution file date)

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)

**DEBORAH A. GODFREY**

(Typed or printed name of person signing)

**EXECUTIVE DIRECTOR**

(Title of person signing)

**Filing Fee: \$35**

13 SEP -9 PM 2:57  
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