N04000004935

| (Re | equestor's Name) | |
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| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Dissolution

COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|---|--|
| SUBJECT: RECARER MANAGE | EMENT CORPORATION |
| DOCUMENT NUMBER: NO 4000 | 004935 |
| The enclosed Articles of Dissolution and fee a | re submitted for filing. |
| Please return all correspondence concerning this | s matter to the following: |
| James M. CAREL | of Person) |
| Rec AREA MANAGEME | |
| (Name of F | irm/Company) |
| 329 S. Washington A. | V8 |
| (Add | ress) |
| Trousville FC 3279 (City/State/a | nd Zip Code) |
| For further information concerning this matter, | |
| James M. CARTER (Name of Person) | |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street |
| Tallahassee, Florida 32314 | Tallahassee, Florida 32399 |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 5, 2005

JAMES M. CARTER RECAREA MANAGEMENT CORPORATION 329 S. WASHINGTON AVENUE TITUSVILLE, FL 32796

SUBJECT: RECAREA MANAGEMENT CORPORATION Ref. Number: N04000004935

have received your document for RECAREA MANAGEMENT CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6869.

Teresa Brown **Document Specialist**

Letter Number: 605A00032418

ထံ

Hello Ms BROWN,

I believe I have filled out the forms

Correctly. Thank you

James M. Carlo

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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: | |
|---------|--|---------|
| | RECARED MANAGEMENT CORPORATION | |
| SECOND: | The document number of the corporation (if known): NO 40000 4935 | |
| THIRD: | The file date of the articles of incorporation: | |
| FOURTH | The corporation has not commenced to conduct its affairs. | |
| FIFTH: | No debts of the corporation remains unpaid. | |
| SIXTH: | Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors) | 一星 |
| | ☐ The dissolution was authorized by a majority of the directors: OR | د ا ي |
| | The dissolution was authorized by an incorporator. | |
| | ☐ The dissolution was authorized by a majority of the incorporators. | |
| | Signed this 15 day of April , 2005. | <u></u> |
| Sign | nature: James M. Carlo | |
| | (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) | '' |
| | Tanes M. Cartes (Typed or printed name of person signing) | ··· |
| | | |
| | (Title of person signing) | . +- |

Filing Fee: \$35