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N05000000188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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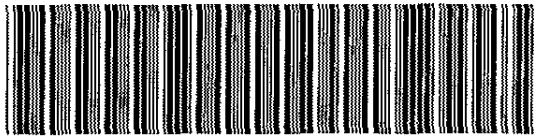
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DISSOLUTION OF FRANCIS STREET ADULT DAY CARE CENTER

DOCUMENT NUMBER: N05 000000188

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

Please return all correspondence concerning this matter to the following:

CONSTANCE STEPHENS

(Name of Contact Person)

FRANCIS STREET ADULT DAY CARE CENTER

(Firm/Company)

6815 RHONE DRIVE

(Address)

JACKSONVILLE, FL 32208

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY GABRIELLE

(Name of Contact Person)

at (904) 285-2247

(Area Code & Day time Telephone Number)

Enclosed is a check for the following amount:

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

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**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:

FRANCIS STREET ADULT DAY CARE CENTER INC

SECOND: The document number of the corporation (if known): N05000000188

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

MAY 1, 2006

(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 \_\_\_\_\_.

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:

MAY 31, 2006

(no more than 90 days after dissolution file date)

Signature

Anthony Gabrielle

(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.)

ANTHONY GABRIELLE

(Typed or printed name of the person signing)

SECRETARY

(Title of person signing)

**FILING FEE: \$35**