## N05000001615

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SERVICE OF STATE DIVISION OF CURPORATIONS
TALLAHASSEE FLORIDA

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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	·
SUBJECT: APTICLE OF DISSOLUTIO	2N
DOCUMENT NUMBER: <u>N 05 00000 262</u>	
The enclosed Articles of Dissolution and fee are subm	itted for filing.
Please return all correspondence concerning this matter	r to the following:
MICHARL D. CUSICK (Name of Contact Pe	rson)
MICHARL D. CUSICK  (Name of Contact Per  FLORIDA COALITION FOR CHILDER  (Firm/Company)	2ñN
200 WEST COLLEGE AVE SUITE 11 (Address)	3
TALLANASSAŌ, FL 3230) (City/State and Zip Co	ode)
For further information concerning this matter, please of	eall:
MILTON BURUS at (Some of Contact Person)	50)561-1102
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee \& \$\Bigcup \$43.75 Certificate of Status Certificate of Status (Additional encloses)	fied Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

FILED

Pursuant to Articles of I	section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State.
	FLORIDA CONLITION FOR CHILDREN BEHAVIORAL HEALTH NETWORK, I
SECOND:	The document number of the corporation (if known): 170500002025
THIRD:	The file date of the articles of incorporation: $\frac{4/11}{2005}$
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)
	The dissolution was authorized by a majority of the directors:  OR
	The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Signa	(By the chairman or vice chargean 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)
	MICHAFIL IS COSICK  (Typed or printed name of person signing)  ANTINITY (FLO  (Title of person signing)
	PRITSINITY (FLD (Title of person signing)

Filing Fee: \$35