

N05000006412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

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04/03/06--01019--030 \*\*35.00

FILED  
06 APR -3 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Probation Solutions, Inc.

**DOCUMENT NUMBER:** N05000006412

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

Please return all correspondence concerning this matter to the following:

Jeffrey A. Aman, Esquire

(Name of Contact Person)

Aman Law Firm

(Firm/Company)

14001 N. Dale Mabry Hwy.

(Address)

Tampa, Florida 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey A. Aman, Esq.

(Name of Contact Person)

at ( 813 ) 265-0004

(Area Code & 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 & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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**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 617.1401, 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:

Probation Solutions, Inc.

SECOND: The document number of the corporation (if known): N05000006412

THIRD: The file date of the articles of incorporation: June 21, 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.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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)

Jeffrey A. Aman, Esquire

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

**Filing Fee: \$35**