N05000011378

(Requestor's Name)
. (Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Pfione #)
PICK-UP WAIT MAIL
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(Document Number)
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C. LEWIS MAR - 7 2014 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Family Justice Center of F	lillsborough County,	inc.
DOCUMENT NUMBER: NO500001	1378	The first facilities of the control
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Jason Borreca		
(Name of C	Contact Person)	
5401 W. Waters Ave.	Company)	
Tampa, FL 33634	dress)	
(City/State	and Zip Code)	
For further information concerning this matter Jason Borreca		2794
(Name of Contact Person)	at (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 & C Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET	ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

APPROVED AND FILED

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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:

Articles of I	Dissolution;
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
T.I. T. T.	Family Justice Center of Hillsborough County, Inc.
SECOND:	The document number of the corporation (if known): N05000011378
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
	. 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 02/25/2014
	The number of directors in office was 9 and the vote for resolution was 9 for and 0 against. (Must be a majority vote)
FOURTH	Effective date of dissolution, if applicable: 02/28/2014 (no more than 90 days after dissolution file date)
Signature:	(1.935)
	(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)
	Jason Borreca
	(Typed or printed name of person signing)
	Chair, Board of Directors
	(Title of person signing)

Filing Fee: \$35

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Notice of Corporate Dissolution

SECRETARY OF STATE FALLAHASSEE, FLORIDA

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: The name, address, and phone number of the claimant. The amount claimed. The facts and the legal authority on which the claim is based.	
The name, address, and phone number of the claimant. The amount claimed.	
The amount claimed.	 -
The facts and the legal authority on which the claim is based.	
The date or dates on which the claim arose.	
Copies of any documents which support the claim.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Family Justice Center	
C/o James Hengelbrok	
207 W. Powhatan Avenue	
Tampa, FL 33604	

Jason Borreca

Printed Name of the Person Filing