# N06000001574

Office Use Only



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SECRETARY OF STATE
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### **COVER LETTER**

TO: Amendment Section
Division of Corporations
SUBJECT: Dissolution of a Corporation DOCUMENT NUMBER: NO6000001574
DOCUMENT NUMBER: 7/3/3/2/2/2/2/2//
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia ANN QuINTANA
(Name of Contact Person)  (Name of Contact Person)  Last 15 of the Heart INC.
(1 mil Company)
P.O. Box 65
(Address) (Dillistons Florida 32696 (Citý/State and Zip Code)
(Citý/State and Zip Code)
For further information concerning this matter, please call:
Tricia HUNT ( ) win tANA 21 (352) 528-6597
(Name of Contact Person)  (Area Code)  (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\Bigcup \\$35 Filing Fee \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee, Certificate of Status \& Certified Copy (Additional copy is enclosed)  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

#### ARTICLES OF DISSOLUTION

Pursuant to Articles of I	section 617.1403, 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: $\frac{1 \text{ ails of the Heart Inc.}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} \frac{1 \text{ boundary of the corporation (if known):}}{1 \text{ boundary of the corporation (if known):}} 1 \text{ $
SECOND:	The document number of the corporation (if known): NO600001574
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)
ی	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
	$\frac{6.5 \pm 16.2022}{\text{approval}}$ . 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
	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: Office (no more than 90 days after dissolution file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
	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, of other court appointed fiduciary, by that fiduciary)  (Typod or printed name of person signing)  (Title of person signing)

Filing Fee: \$35

#### Notice of Corporate Dissolution

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. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

## State of Florida Department of State

I certify from the records of this office that TAILS OF THE HEART, INC. is a corporation organized under the laws of the State of Florida, filed on February 9, 2006.

The document number of this corporation is N06000001574.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on January 12, 2022, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twelfth day of January, 2022



RAINUNGELL Secretary of State

Tracking Number: 7897634287CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 2 1 2008

TAILS OF THE HEART INC C/O PATRICIA A QUINTANA PO BOX 793 HAINES CITY, FL 33845-0793 Employer Identification Number:
20-4259757
DLN:
17053334312027
Contact Person:
PAULA J MOLL-MALONE ID# 31262
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Effective Date of Exemption:
February 9, 2006
Addendum Applies:
No

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Based on the information you submitted with your application, we have determined you are likely to qualify as a private operating foundation described in section 4942(j)(3) of the Code. Accordingly, you are treated as a private operating foundation for your first year. After that, you will be treated as a private operating foundation as long as you continue to meet the requirements of section 4942(j)(3). You are required to file Form 990-PF annually.

Please see enclosed Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Robert Choi

Director, Exempt Organizations

Rulings and Agreements

Enclosure: Publication 4221-PF