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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status _ ,
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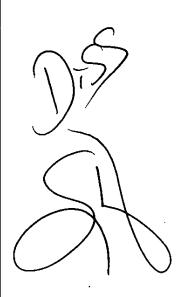
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SECRETARS EE. FLORIDA



COVER LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER: NO600006956
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JULIE CAMPOUS
SOMEONE CARES ABOUT YOU, INC.
P.D. BOX 694834
MIAMI FLORIDA 33169. (City/State and Zip Code)
For further information concerning this matter, please call: 1008 (AMPOUS at (786) 718-8793 OR
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (305) 756-7116 EXT. 104
\$35 Filing Fee \$\bigsup \$43.75 Filing Fee & \$\bigsup \$43.75 Filing Fee & \$\bigsup \$52.50 Filing Fee, \$\bigsup \$Certificate of Status & \$\bigsup \$(Additional copy is enclosed)\$ Certified Copy (Additional copy is enclosed) (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 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: Someone Cares About You, Inc.
SECOND:	The document number of the corporation (if known): NO60000 6956.
THIRD:	The file date of the articles of incorporation: 108242006
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 OR OR
	☐ The dissolution was authorized by an incorporator.
	The dissolution was authorized by a majority of the incorporators.
Sign	ature: (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) [Insert Company 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)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person gioning)

Filing Fee: \$35