

NC655006956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIS  
[Signature]

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: NO60000006956

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

Please return all correspondence concerning this matter to the following:

JULIE CAMPOUS  
(Name of Contact Person)  
SOMEONE CARES ABOUT YOU, INC.  
(Firm/Company)  
P.O. BOX 694834  
(Address)  
MIAMI, FLORIDA 33169  
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIE CAMPOUS 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    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, 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 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):

NO60000006956

THIRD: The file date of the articles of incorporation:

JUNE 27, 2006

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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Signature:

Julie Campous

(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)

JULIE CAMPOUS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35