## NOUDDOOD1498

|                                         | •      |  |
|-----------------------------------------|--------|--|
| (Requestor's Name)                      |        |  |
|                                         |        |  |
| (A d d = = = )                          |        |  |
| (Address)                               |        |  |
|                                         |        |  |
| (Address)                               |        |  |
| ` '                                     |        |  |
|                                         |        |  |
| (City/State/Zip/Phone #)                |        |  |
| •                                       |        |  |
| PICK-UP WAIT                            | MAIL   |  |
|                                         |        |  |
|                                         |        |  |
| (Business Entity Name)                  |        |  |
| •                                       |        |  |
| (Document Number)                       |        |  |
| (Document Namber)                       |        |  |
|                                         |        |  |
| Certified Copies Certificates of        | Status |  |
|                                         |        |  |
|                                         |        |  |
| Special Instructions to Filing Officer: |        |  |
|                                         |        |  |
|                                         |        |  |
|                                         |        |  |
|                                         |        |  |
|                                         |        |  |
|                                         | į      |  |
|                                         |        |  |
|                                         | ļ      |  |
| L                                       |        |  |

Office Use Only



600131249086

06/13/08--01008--008 \*\*43.75

SECRETARY OF STATE DIVISION OF CORPORATIONS

AHD135ke15 10 7/3/08

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                                                  |                                                                   |                                                                                            |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT: Unlimited Solutions, Inc.                                                              |                                                                   |                                                                                            |
| DOCUMENT NUMBER: N060000749                                                                     | 98                                                                |                                                                                            |
| The enclosed Articles of Dissolution and fee ar                                                 | e submitted for filing.                                           |                                                                                            |
| Please return all correspondence concerning this                                                | s matter to the following                                         | g:                                                                                         |
| Ursula Oliver                                                                                   |                                                                   |                                                                                            |
| (Name of Co                                                                                     | intact Person)                                                    |                                                                                            |
| Unlimited Solutions, Inc.                                                                       |                                                                   |                                                                                            |
| (Firm/Co                                                                                        | ompany)                                                           |                                                                                            |
| 250 Sterling Hill Drive                                                                         |                                                                   |                                                                                            |
| (Adda                                                                                           | ress)                                                             |                                                                                            |
| Jacksonville, Florida, 32225                                                                    |                                                                   | •                                                                                          |
| (City/State ar                                                                                  | nd Zip Code)                                                      |                                                                                            |
| For further information concerning this matter,                                                 | please call:                                                      |                                                                                            |
| Ursula Oliver                                                                                   | at (904 ) 220                                                     | -3190                                                                                      |
| (Name of Contact Person)                                                                        |                                                                   | ytimeTelephone Number)                                                                     |
| Enclosed is a check for the following amount:                                                   |                                                                   | ·                                                                                          |
| ☐ \$35 Filing Fee ☑ \$43.75 Filing Fee & [<br>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 | Amenda<br>Division<br>Clifton<br>2661 E                           | er ADDRESS:  ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2008

URSULA OLIVER UNLIMITED SOLUTIONS, INC. 250 STERLING HILL DRIVE JACKSONVILLE, FL 32225

SUBJECT: UNLIMITED

ASSISTIVE SOLUTIONS

TECHNOLOGY

SPECIALISTS, INC.

Ref. Number: N06000007498

We have received your document for UNLIMITED SOLUTIONS ASSISTIVE TECHNOLOGY SPECIALISTS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete only (1)one section.

The document must be adopted in one of the following manners:

If the corporation has members entitled to vote:

(1) the date of the meeting of members at which the resolution to dissolve was adopted.

(2) a statement that the number of votes cast for dissolution was sufficient for approval, or a statement that such a resolution was adopted by written consent and executed in accordance with section 617.0701, Florida Statutes.

<u>If the corporation has no members or members entitled to vote:</u>

(1) a statement that the corporation has no members or members entitled to vote on the dissolution.

(2) the date of adoption of the resolution by the board of directors.

(3)the number of directors then in office and the vote for the resolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 108A00036694

7008 70F - 3 🏽 野でき

RECE.

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Unlimited Solutions Assistive Technology Specialists, Inc. The document number of the corporation (if known): N0600007498 SECOND: 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 the 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 \_ The number of directors in office was 3and the vote for resolution was \_\_\_ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 04/30/08

(no more than 90 days after dissolution file date)

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.)

**Ursula Oliver** 

(Typed or printed name of the person signing)

**Executive Director** 

(Title of person signing)

**FILING FEE: \$35**