

NO60000010245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

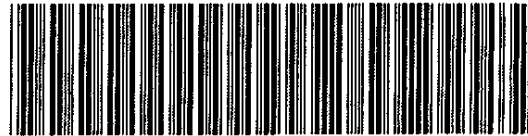
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 MAY -3 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 07 2012  
T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2012

RICHARD SCIONTI  
CHAMBERLAIN HIGH SCHOOL  
9401 N. BOULEVARD  
TAMPA, FL 33612

SUBJECT: CHAMBERLAIN HIGH SCHOOL CAPS PARENT ORGANIZATION,  
INC.

Ref. Number: N06000010245

We have received your document for CHAMBERLAIN HIGH SCHOOL CAPS PARENT ORGANIZATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 212A00010605

RECEIVED  
12 MAY -3 AM 8:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Notice of Dissolution

**DOCUMENT NUMBER:** N 06000010245

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

Please return all correspondence concerning this matter to the following:

Richard Scionti  
(Name of Contact Person)  
Chamberlain High School  
(Firm/Company)  
9401 N. Boulevard  
(Address)  
Tampa, FL. 33612  
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Scionti at (813) 975-7677  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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:  
Chamberlain High School CAPS Parent Organization, Inc.
- SECOND: The document number of the corporation (if known): NO6000010245
- THIRD: The file date of the articles of incorporation: 10/1/2006
- 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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12 MAY -3 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature: Kim Willis

(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)

Kim Willis

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35