# N07000048/4

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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April 23, 2013

PRISCILLA NEAL POST OFFICE BOX 4632 WINTER HAVEN, FL 33885

SUBJECT: THE EMPOWERED FAMILY INC.

Ref. Number: N07000004814

RETURN MAY 13, 2013

We have received your document for THE EMPOWERED FAMILY INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 013A00009808

RECEIVED
13 HAY 20 AM 9: 47

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

### **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations**  $_{
m SUBJECT:}$  ARTICLES OF DISSOLUTION NONPROFIT **DOCUMENT NUMBER:** \_ The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PRISCILLA NEAL (Name of Contact Person) THE EMPOWERED FAMILY, INC (Firm/Company) P.O. BOX 4632 (Address) WINTER HAVEN, FL 33885 (City/State and Zip Code) For further information concerning this matter, please call: PRISCILLA NEAL (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

# 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:  THE EMPOWERED FAMILY, INC
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: $5 \ln 2007$
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.
	■ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by an incorporator. ☐ The dissolution was authorized by a majority of the incorporators.
Signa	(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)
	PRISCILLA NEAL
	(Typed or printed name of person signing)
	INCORPORATORS
	(Title of person signing)

Filing Fee: \$35

# ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	THE EMPOWERED FAMILY INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: $5/u/07$ .
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	☐ A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: Provide Jew - Din.  (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.)
	PRISCILLA NEAL (Typed or printed name of person signing)
	DINECTOR (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. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: THE EMPOWERED FAMILY, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
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)
PRISCILLA NEAL
P.O. Box 4632
PRISCILLA NEAL P.O. BOX 4632 WINTER HAVEN, FL 33885
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

PRISCI LA