

NO7000005452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300256389973

02/20/14--01016--004 **35.00

FILED

14 FEB 20 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FL 32399

TRANSMITTAL LETTER

February 14, 2014
~~November 7, 2013~~

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

This letter is an explanation of what I'm trying to do. My Business was setup the wrong way and I'm not a Non-Profit Corporation, so I need to dissolved the Non-Profit Corporation and open as a Profit Corporation with the same name nothing has change

I have enclosed the originals and one (1) copy of the Articles of Profit Corporation and the Articles of Dissolution of a Non-Profit Corporation and my fees of \$78.75 and \$35.00 a total of 113.75.

Please feel free to call me if there is a problem, I can be reached at 904-962-5121.

Sincerely,

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GLORY TO GLORY HEALTHCARE SERVICES, INC

DOCUMENT NUMBER: N07000005452

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

Please return all correspondence concerning this matter to the following:

DR. TONYA A. PITTS

(Name of Contact Person)

GLORY TO GLORY HEALTHCARE SERVICES, INC

(Firm/Company)

5240 POLAN LANE

(Address)

JACKSONVILLE, FL 32209

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. TONYA A. PITTS

(Name of Contact Person)

at (904)

(Area Code)

962-5121

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
14 FEB 20 AM 10:14
SECRETARY OF
TALLAHASSEE

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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:
GLORY TO GLORY HEALTHCARE SERVICE, INC

SECOND: The document number of the corporation (if known): N07000005452

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 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 November 1, 2013

The number of directors in office was 3 and the vote for resolution was _____ for
and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: November 1, 2013
(no more than 90 days after dissolution file date)

Signature: _____

Tonya A Pitts

(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)

Dr. Tonya A. Pitts

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
DALLAS
11 FEB 20 AM 10:14
FILED

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. 617.1407, F.S.

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

Name of Corporation: _____

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.*

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)

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Tunya A. Pitts

Printed Name of the Person Filing

Tunya A. Pitts

Signature of the Person Filing

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