

108000002239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

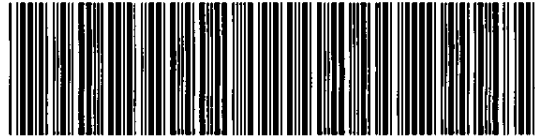
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TALLAHASSEE, FLORIDA  
08 MAY -5 AM 6:49

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: NOT FOR PROFIT CORPORATION

DOCUMENT NUMBER: 1108000002239

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

Please return all correspondence concerning this matter to the following:

ARLINDA Johnson  
(Name of Contact Person)  
TOTAL Concept for living inc  
(Firm/Company)  
3400 TOWNSEND BLVD 192  
(Address)  
JACKSONVILLE FL 32277  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARLINDA Johnson at (904) 329-2731  
(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:

TOTAL CONCEPT ADV LIVING INC

SECOND: The document number of the corporation (if known): NO8000002239

THIRD: The file date of the articles of incorporation: 3-5-08

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: \_\_\_\_\_

Arlanda Johnson / President

(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)

ARLANDA Johnson

(Typed or printed name of person signing)

President / owner

(Title of person signing)

Filing Fee: \$35