N08000005717

•՝ (Re	equestor's Name)	
, (Ad	idress)	
(Ad	ldress)	<u>,</u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Corporate dissolution
DOCUMENT NUMBER: Jurisdiction 1D NO 8000 005717
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mitse Vargas
Mitse Vargas (Name of Contact Person) K9 for life, Inc (Firm/Company)
1015 Deloctor Tours IN. tour Haile
Winter Haven FC 33884 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call: With the Varans
(Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status & 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:	
	K9 For life, inc	
SECOND:	The document number of the corporation (if known): N 0800005717	
THIRD:	The file date of the articles of incorporation: June 13,12008	
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)	
	OR The dissolution was authorized by a majority of the directors: OR The dissolution was authorized by an incomprator	
The dissolution was authorized by an incorporator.		
	☐ The dissolution was authorized by a majority of the incorporators.	
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)		
	(Typed or printed name of person signing)	
	(Title of person signing)	

Filing Fee: \$35