M080000008419

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
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RIP 17/09

. COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: The Adoption Authority D	issolution	
DOCUMENT NUMBER: Original Filing	N0800000	08419
The enclosed Articles of Dissolution and fee an	re submitted fo	r filing.
Please return all correspondence concerning this	s matter to the	following:
Tracy R. Wilds		
(Name of Co	ontact Person)	
The Adoption Authority		
(Firm/Co	ompany)	
PO Box 412		
(Addı	ress)	
Macclenny, FL 32063		
(City/State an	nd Zip Code)	
For further information concerning this matter,	please call:	
Tracy R. Wilds	at (904	704-2527
(Name of Contact Person)	(Area C	ode & DaytimeTelephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filin Certified Co (Additional of enclosed)	py Certificate of Status &
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

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following SECRETARY OF STATE TALL AHASSEEF FLORIDA

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	The Adoption Authority, Inc
SECOND:	The document number of the corporation (if known): N08000008419
THIRD:	The file date of the articles of incorporation: 9/9/2008
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.
Sign	(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)
	Tracy R. Wilds
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

Filing Fee: \$35