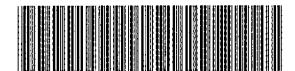
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	MA!T	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
3	HORNE JAN 23 2023	

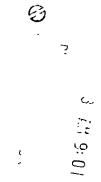
Office Use Only



000388840600 ALLAHASSEE H 1 19 19

3

01/23/23--01001--012 **43.75



COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: ALL In 1 HANDS
DOCUMENT NUMBER: NO 80000 111869
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SABrina Kemp (Name of Contact Person)
ALLIN 1 Hands
(Firm/Company)
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
SABriNA KEMP a1(954) 305-2227
(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 Certificate of Status
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Compositions Division of Compositions
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, F1, 32303

<u>=11</u>	ED	Ø
, , ,	i []	

ARTICLES OF DISSOLUTION

Pursuant to Articles of I	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution: SECRETARY OF STATIALLAHASSEE, TELES		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	ALL IN 1 Hands		
SECOND:	The document number of the corporation (if known): NO800011869		
THIRD:	Adoption of Dissolution (COMPLETE SECTION FOR II)		
	SECTION 1 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 east by the members was sufficient for approval.		
with	☐ The resolution was adopted by written consent of the members and executed in accordance		
	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 11912023 .		
	The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)		
FOURTH	Effective date of dissolution, if applicable: 1192023		
	too more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
	Signature: Salvina Ken P (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)		
	٠ .		
	(Title of person signing)		

Filing Fee: \$35