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## NO 9000000 960

•	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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**EXAMINER** 

## **COVER LETTER**

, Division of Corporations
SUBJECT: Articles of Dissolution
DOCUMENT NUMBER: <u>NO900000940</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul R. Copeland
(Name of Contact Person)
National Association for Children of Domestic Violence, Inc.
(Firm/Company)
PO Box 192
(Address)
Gulf Breeze, FL 32562
(City/State and Zip Code)
For further information concerning this matter, please call:
Paul Copeland at (850) 450-0295  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Confact Person) (Area Code & Daytime receptione returnor)
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 Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

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:	
	National Association for Children of Domestic Violence, Inc.	
SECOND:	The document number of the corporation (if known): 10900000960	
THIRD:	The file date of the articles of incorporation: 01 126 109	
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.	
Signature: Revenue Rev		
	Paul R. Copeland	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35