

NO9000002854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

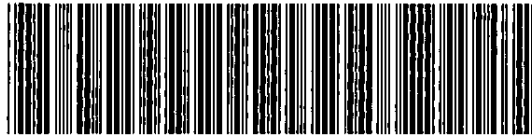
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts APR 28 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation A Place to Live, Inc.

DOCUMENT NUMBER: N09000002854

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

Please return all correspondence concerning this matter to the following:

Rosa Delgado

(Name of Contact Person)

(Firm/Company)

7135 Collins Ave #1032

(Address)

Miami Beach, FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

Rosa Delgado

(Name of Contact Person)

at (305) 720-3415

(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:

A Place To Live, Inc.

SECOND: The document number of the corporation (if known): N09000002854

THIRD: The file date of the articles of incorporation: 03/23/2009

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: *Rosa Delgado*

(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)

Rosa Delgado

(Typed or printed name of person signing)

President/Director

(Title of person signing)

Filing Fee: \$35

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