

NO9000005433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

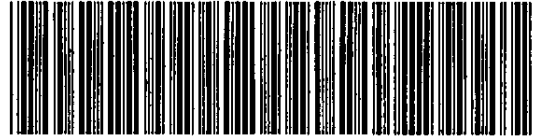
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900311431509

04/04/18--01026--021 **35.00

FILED

2018 APR 24 P 3 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25 2018

102 LEO/NE/LUX

DISS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporation Dissolution

DOCUMENT NUMBER: N09000005433

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

Please return all correspondence concerning this matter to the following:

Sylvia Fluellen
(Name of Contact Person)

KIDS Connections, Inc.
(Firm/Company)

P.O. Box 3661
(Address)

Plant City, FL 33563
(City/State and Zip Code)

For further information concerning this matter, please call:

Sylvia Fluellen at (813) 770-0677
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2018

SYLVIA FLUELLEN
P.O. BOX 3661
PLANT CITY, FL 33563

SUBJECT: THE KIDS CONNECTIONS, INCORPORATED
Ref. Number: N09000005433

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the **electronic filing cover sheet**.

This is a non-rpfot corporation the document you sent in is for a profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 618A00006898

RECEIVED
18 APR 26 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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:

The KIDS Connections, Incorporated

SECOND: The document number of the corporation (if known): NO9000005433

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

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

12/26/17. The number of votes cast by the members was sufficient for approval.

☒ The resolution was adopted by written consent of the members and executed in accordance with 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 _____.

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: _____
(no 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: Sylvia Fluellen

(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)

Sylvia Fluellen

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

FILED
2018 DEC 26 P 3 29
TALLAHASSEE, FLORIDA