N090000 11072

(Requ	uestor's Name))
(Addr	ress)	
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(City/	State/Zip/Phor	ne #)
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COVER LETTER

-		
SUBJECT: Dissolution of Hope Academy fo	r Autism on the Emerald C	Coast, Inc.
DOCUMENT NUMBER: N090000110	72	
The enclosed Articles of Dissolution and fee a	re submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Sandra Hastings		
(Name of C	ontact Person)	
Hope Academy for Autism on the E		
(Firm/C	Company)	
8555 Corbin Court		
(Add	iress)	
Navarre, FL 32566		
(City/State a	nd Zip Code)	
For further information concerning this matter,	please call:	
Sandra Hastings	at (850 723-3°	186
(Name of Contact Person)	(Area Code & Daytim	eTelephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)]\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

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 Stat	e:	
	Hope Academy for Autism on the Emerald Coast, Inc.		
SECOND:	The document number of the corporation (if known): N09000011072		
THIRD:	The file date of the articles of incorporation: November 16, 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		673
	The dissolution was authorized by an incorporator.		•
	☐ The dissolution was authorized by a majority of the incorporators.		•
Signa	(By the chairman or vice chairman of the board, president or other officer- if directors have no selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fide that fiduciary)		ī
	Sanda D. Hastings (Typed or printed name of person signing)		
	Board President (Title of person signing)		

Filing Fee: \$35