

N1 000000 1673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

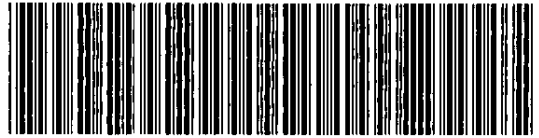
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

3/5

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHN Payback, Inc

DOCUMENT NUMBER: N10000001673

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

Please return all correspondence concerning this matter to the following:

Laura Wood

(Name of Contact Person)

SHN Payback, Inc

(Firm/Company)

PO Box 15096

(Address)

Brooksville, FL 34604

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____)

(Name of Contact Person)

at ()

(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

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TALLAHASSEE, FLORIDA
Phone Number)

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:

SHN Payback, Inc

SECOND: The document number of the corporation (if known): N10000001673

THIRD: The file date of the articles of incorporation: 17 February 2010

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: *Laura Wood*

(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)

Laura Wood

(Typed or printed name of person signing)

Director/President

(Title of person signing)

Filing Fee: \$35

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