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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
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DEFACTOR OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEF, FI ORIOA

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COVER LETTER

Division of Corporations
SUBJECT: AMERICAN Youth Homeless Intervention PROGRAM, INC
DOCUMENT NUMBER: N 1000000/86/
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SAMUEL MILLS (Name of Contact Person)
(Name of Contact Person)
American Youth Homeless Tittervention PROGRAM , INC (Firm/Company)
(Firm/Company)
1892 BROKEN OAK DR
(Address)
1891 BROKEW OAK DR (Address) SHEADS FL. 32460 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
SAmuel Mills at (850) 661-7322 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status \$\sum (Additional copy is enclosed) \$\sum \$35 Filing Fee & 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

enclosed)

ARTICLES OF DISSOLUTION

FILED

	SECHE MARY OF STATE TABLAHASSEE, PLONIDA		
FIRST:	he name of the corporation as currently filed with the Florida Department of State:		
	AMERICAN Youth HomeLess Intervention PROCRAM, INC.		
SECOND:	The document number of the corporation (if known): Alboccoc 1861		
THIRD:	The file date of the articles of incorporation: 23 FEB 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.		
Sion	ature: Scanniel Mills		

SAMUEL MILLS
(Typed or printed name of person signing)

PRESIDENT DIRECTOR
(Title of person signing)

Filing Fee: \$35