(Requ	uestor's Name)	<u> </u>
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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9/13/12

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of Samson's Place, Home To Exceptional People, Inc.
DOCUMENT NUMBER: N10000002610
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Wilson
(Name of Contact Person)
Samson's Place, Home To Exceptional People, Inc.
(Firm/Company)
368 Nikomas Way
(Address)
Melbourne Beach, FL 32951
(City/State and Zip Code)
For further information concerning this matter, please call:
Richard Wilson at (321) 676-4684
(Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
■\$35 Filing Fee \$\times \$\text{\$43.75 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (Additional copy is enclosed)}\$ 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 s Articles of I	FILED section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:
FIRST:	The name of the corporation as currently filed with the Florida Department at State:
	Samson's Place, Home To Exceptional People, Inc
SECOND:	The document number of the corporation (if known): N10000002610
THIRD:	The file date of the articles of incorporation: 03/12/2010
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.
Sign	ature: Distribute Wilson (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)
	Richard Wilson (Typed or printed name of person signing)
	President CEO (Title of person signing)

Filing Fee: \$35