

N100000003468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

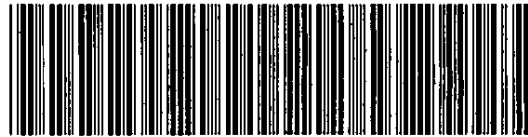
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/10--01038--011 **35.00

APPROVED
AND
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10 APR 12 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4/13/10
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHANGE TO PROFIT

DOCUMENT NUMBER: N10000003468

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

Please return all correspondence concerning this matter to the following:

DEVOLINE RAMSAY

(Name of Contact Person)

(Firm/Company)

4183 WORLINGTON TERR

(Address)

FORT PIERCE, FLORIDA 34947

(City/State and Zip Code)

For further information concerning this matter, please call:

DEVOLINE RAMSAY

(Name of Contact Person)

at (347)

400-3008

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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:

TREASURE COAST ALF, INC

SECOND: The document number of the corporation (if known): N10000003468

THIRD: The file date of the articles of incorporation: 4/5/10

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: _____

(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)

DEVOLINE RAMSAY

(Typed or printed name of person signing)

OWNER

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 12 PM 1:02

ARTICLES
AND
FILED