

N100000009009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

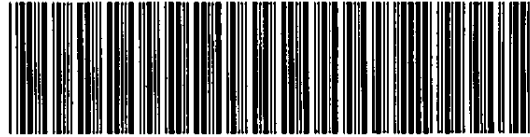
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/25/15--01017--005 **43.75

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with
notice*

FILED
2015 MAR 25 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
3/26/15*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Autism 4 Parents

DOCUMENT NUMBER: N10000009009

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

Please return all correspondence concerning this matter to the following:

Terry L. Stein

(Name of Contact Person)

Autism 4 Parents

(Firm/Company)

10150 SW 73rd Terrace

(Address)

Ocala, FL. 34476

(City/State and Zip Code)

For further information concerning this matter, please call:

Terry L. Stein

(Name of Contact Person)

at **(352)**

(Area Code)

237-9437

(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

ARTICLES OF DISSOLUTION

FILED

2015 MAR 25 PM 4:48

STATE
TALLAHASSEE, FLORIDA

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:

Autism 4 Parents Inc.

SECOND: The document number of the corporation (if known): **N10000009009**

THIRD: The file date of the articles of incorporation: **9/23/2010**

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: _____

(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)

Terry L. Stein

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: **Autism 4 Parents**

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

Voluntary dissolution

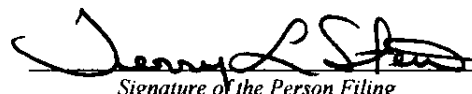
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10150 SW 73rd Terrace Ocala, FL 34476

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Terry L. Stein

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00