N110000000747

,		
- (F	Requestor's Name)	
	Address)	·
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL .
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
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SECRETARY OF STATE

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TB1201 9-2-11

COVER LETTER

SUBJECT: Alternative Solutions for Healing Abuse **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kate Christensen (Name of Contact Person) Alternative Solutions for Healing Abuse (Firm/Company) 6508 Stonehurst Cr (Address) Lake Worth, Fl 33467 (City/State and Zip Code) For further information concerning this matter, please call: at (561 Kate Christensen (Name of Contact Person) (Area Code & DaytimeTelephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee ☑ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed)

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2011

KATE CHRISTENSEN 6508 STONEHURST CR LAKE WORTH, FL 33467

SUBJECT: ALTERNATIVE SOLUTIONS FOR HEALING ABUSE INC

Ref. Number: N11000000747

We have received your document for ALTERNATIVE SOLUTIONS FOR HEALING ABUSE INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

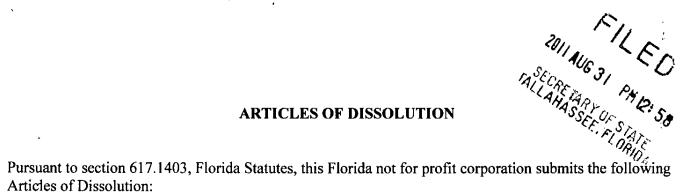
The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 511A00007089



Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Alternative Solutions for Healing Abuse		
SECOND:	The document number of the corporation (if known): N11000000747		
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)		
	SECTION I If the corporation has members entitled to vote:		
	(CHECK/COMPLETE ONE)		
	The date of the meeting of members at which the resolution to dissolve was adopted		
	2/16/2011 . The number of votes cast by the members was sufficient for approval.		
	The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.		
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:		
	The corporation has no members or members entitled to vote on the dissolution.		
	The date of adoption of the resolution by the board of directors was		
	The number of directors in office was and the vote for resolution was		
	for and against. (must be a majority vote)		

FOURTH: Effective date of dissolution <u>if applicable</u>: <u>2/10/2011</u>

(no more than 90 days after dissolution file date)

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.)

Kate Christensen

(Typed or printed name of the person signing)

(Title of person signing)

FILING FEE: \$35