

N11000011044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
15 JAN 29 PM 1:14

C.L.  
2-2-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CABA De Felicidad Group Home

**DOCUMENT NUMBER:** N/11000011044

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

Please return all correspondence concerning this matter to the following:

ROSMARIE CASTO  
(Name of Contact Person)

(Firm/Company)  
3370 Rolling Hills Lane  
(Address)

Apopka FL 32712  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROSMARIE CASTO at ( 407 ) 399-9936  
(Name of Contact Person) (Area Code) (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

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## 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:

CASA De Felicidad Group Home Inc.

SECOND: The document number of the corporation (if known): N11000011044

THIRD: The file date of the articles of incorporation: 11-28-2011

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)

Rosmarie Castro

(Typed or printed name of person signing)

Executive Director

(Title of person signing)

Filing Fee: \$35

**Notice of Corporate Dissolution**

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DIVISION OF CORPORATIONS

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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: CASA De Felicidad Group Home Inc.

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:

The corporation has not commenced  
to conduct its affairs.

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

3370 Rolling Hills Lane  
APPOKA FL 32712

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.

Rosmarie CASTO

Printed Name of the Person Filing

Rosmarie Casto

Signature of the Person Filing