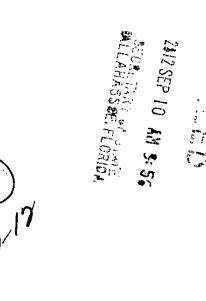
(Address)	000235869930
(City/State/Zip/Phone #)	ee s
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	. 09/10/1201018010 **3
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer:	
	189 189 189 189 189 189 189 189 189 189
1 (1	

Office Use Only



**35.00

AFFIDAVIT

STATE OFFlorida
COUNTY OF Hillsborough Pine Vá
PERSONALLY came and appeared before me, the undersigned Notary, the within named Emery E Fajardo , who is a resident of <u>Hillsborough</u> County, State of <u>Florida</u> , and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:
The Fajardo Foster Home Inc. a Nonprofit corporation has no intentions of revoking the voluntary dissolution and releases the name to the Profit corporation
DATED this the Standard day of September, 20 12 Signature of Affiant
SWORN to subscribed before me, this $5^{\frac{1}{2}}$ day $\frac{\sqrt{12}}{\sqrt{12}}$, $\frac{\sqrt{12}}{\sqrt{12}}$
My Commission Expires: ACNOR (LAST)
ALNOOR KURJI Notary Public - State of Florida My Comm. Expires Aug 25, 2016 Commission # EE 208124 Bonded Through National Notary Assn.

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The Fajardo Foster Home	e Inc
DOCUMENT NUMBER: N1200000772	29
The enclosed Articles of Dissolution and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Emery Fajardo	
(Name of Co	ontact Person)
The Fajardo Foster Home Inc	
(Firm/C	ompany)
18403 Keystone Grove Blvd	
(Addı	ress)
Odessa, Fl 33556	
(City/State ar	nd Zip Code)
For further information concerning this matter,	please call:
Emery Fajardo	at (813) 850-4343
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
▼ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\begin{array}{c}\$\$ \$52.50 Filing Fee, \\ Certified Copy \\ (Additional copy is \\ enclosed) \end{array}\$ 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:	
	The Fajardo Foster Home Inc	
SECOND:	The document number of the corporation (if known): N12000007729	
THIRD:	The file date of the articles of incorporation: 08/08/2012	
FOURTH	The corporation has not commenced to conduct its affairs.	
FIFTH:	The corporation has not commenced to conduct its affairs. 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:	
	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 of 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)		
	Emery E Fajardo (Typed or printed name of person signing)	
	President (Title of person signing)	

Filing Fee: \$35