

N120000010999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

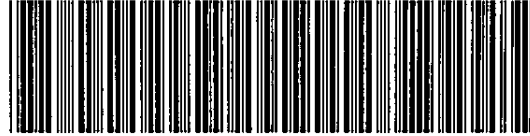
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300280124553

*Class with  
Notice*

12/17/15--01017--015 \*\*35.00

FILED  
15 DEC 31 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 31 2015  
A RAMSEY

X00789, 00524, 000671

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution \_\_\_\_\_

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Susan Rodriguez

\_\_\_\_\_  
(Name of Contact Person)

Florida Prison Network Inc.

\_\_\_\_\_  
(Firm/Company)

18350 NW 2 AVE Suite 608

\_\_\_\_\_  
(Address)

Miami Gardens, FL 33169

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Rodriguez

305

890-6818

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2015

Susan Rodriguez  
Florida Prison Network Inc  
18350 N.W. 2 Ave., Ste 608  
Miami Gardens, FL 33169

SUBJECT: FLORIDA PRISON NETWORK INC.  
Ref: Number: N12000010999

We have received your document for FLORIDA PRISON NETWORK INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill in either section 1 or II.

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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 315A00026680

RECEIVED

15 DEC 31 PM 1:09

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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:  
Florida Prison Network Inc.

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

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 meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. 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 11/15/2015.

The number of directors in office was 2 and the vote for resolution was 2 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

Susan Rodriguez

\_\_\_\_\_  
(Typed or printed name of person signing)

President/ C.E.O/ Secretary

\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35

FILED  
15 DEC 31 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ***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.*

Florida Prison Network Inc.  
*Name of Corporation:* \_\_\_\_\_

*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:*

All claims must be in writing and sent to the forwarding address below.

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

Attn; Susan Rodriguez

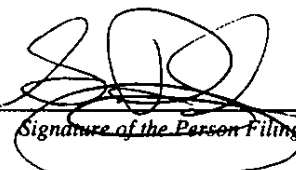
18350 NW 2 AVE Suite 608

Miami Gardens, FL 33169

*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.*

Susan Rodriguez

\_\_\_\_\_  
*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***