

N13000000764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

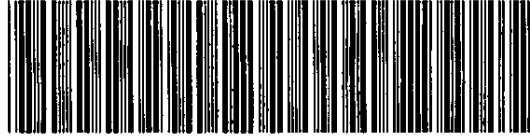
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/24/16--01026--012 **43.75

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16 JUN 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL 32301

*dissolution
w/notice*

JUL 01 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Project Little Comfort Inc

DOCUMENT NUMBER: N13 000 000 764

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

Please return all correspondence concerning this matter to the following:

William D Foster

(Name of Contact Person)

(Firm/Company)

1440 SE 10th Ter

(Address)

Cape Coral FL 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Foster

(Name of Contact Person)

at

812

(Area Code)

528-4061

(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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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:

Project Little Comfort Inc

SECOND: The document number of the corporation (if known): N13 000 000 764

THIRD: The file date of the articles of incorporation: 01/24/2013

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.

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TALLAHASSEE, FL 32310

Signature: William D Foster 06/19/16

(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)

William D Foster

(Typed or printed name of person signing)

CFO Treasurer

(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: Project Little Comfort 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:

Copy of any documentation.

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

c/o 1440 SE 10th Ter
Cape Coral, FL 33990

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TALLAHASSEE, FL 32310

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.

William D Foster

Printed Name of the Person Filing

William D Foster 06/15/16

Signature of the Person Filing

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