

N13000004022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

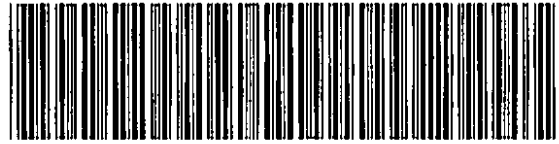
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/14/18--01028--004 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 MAY 14 AM 10:12

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COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

27 MAY 14 AM 12

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Non-profit

DOCUMENT NUMBER: N13000004022

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

Please return all correspondence concerning this matter to the following:

Kimmerlee Boyd

(Name of Contact Person)

Receiving Equal Access to Care and Health

(Firm/Company)

8149 Madison Lakes Circle S.

(Address)

Davie, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimmerlee Boyd

(Name of Contact Person)

at (954) 376-9647

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

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:

Receiving Equal Access to Care and Health

SECOND: The document number of the corporation (if known): N13000004022

THIRD: The file date of the articles of incorporation: 4/26/2013

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.

Signature: Kimmerlee Boyd
(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)

Kimmerlee Boyd

(Typed or printed name of person signing)

PD

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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: Receiving Equal Access to Care and Health

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:

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

11883 Silver Cliff Way

Gold River, CA

95670

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.

Kimmerlee Boyd

Printed Name of the Person Filing

Kimmerlee Boyd

Signature of the Person Filing

Digitally signed by Kimmerlee
Boyd
Date: 2018.05.08 12:34:15 -0700

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