E (Requestor's Name) (Address) 100269612261 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 03/02/15--01009--020 **35.00 (Business Entity Name) (Document Number) 2015 MAR -2 Certified Copies _ Certificates of Status ___ Special Instructions to Filing Officer: 5 Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Jobie BARFIELD
(Name of Contact Person)
BONEY PONY HORSE RESQUE
(Firm/Company)
385 LENA'S LANE
(Address)
WEWANITCHKA, FC 32465
(City/State and Zip Code)
For further information concerning this matter, please call:
Jubie BARFIER at (850) 639-3600
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee \$\$43.75 Filing Fee \$\$\$43.75 Filing Fee \$\$\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Statu

e & **\$43.75** Filing Fee & atus 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

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:

LESCUE NGU DONLGU H 1 S 9 The document number of the corporation (if known): SECOND: The file date of the articles of incorporation THIRD:

- 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.

a to 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)

(Typed or printed name of person signing) President itle of person signing)

Filing Fee: \$35