

N14000003817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

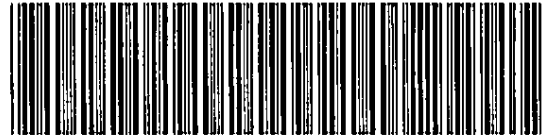
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 APR -5 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMT DISS. CUS

APR 05 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: N 14000003817

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

Please return all correspondence concerning this matter to the following:

Gary Holmes
(Name of Contact Person)
Doddes Place Charities International Inc
(Firm/Company)
1516 E Colonial Drive Suite 305
(Address)
ORlando FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Holmes at (646) 851-9029
(Name of Contact Person) (Area Code) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2017

GARY HOLMES
DODIES PLACE CHARITIES
1516 E. COLONIAL DRIVE - STE. 305
ORLANDO, FL 32803

SUBJECT: DODIES PLACE CHARITIES INTERNATIONAL INC.
Ref. Number: N14000003817

We have received your document for DODIES PLACE CHARITIES INTERNATIONAL INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only 1(one) box regarding the adoption of the dissolution.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 517A00004148

RECEIVED
17 APR -5 PM 2:20
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
1511 BAYVIEW BLVD
ORLANDO, FL 32804

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:

Dodies place charities International Inc.

SECOND: The document number of the corporation (if known): N14000003817

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

23 FEB 17 (4) The number of votes cast by the members was sufficient for approval.

GCH ~~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 _____.

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

FOURTH Effective date of dissolution, if applicable: MARCH 15, 2017
(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: Gary Holmes
(By the chairman or vice chairman of the board, president or other officer- if directors have no officer selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that person)

Gary Holmes
(Typed or printed name of person signing)

VP
(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA
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