# 114000001449

(Re	questor's Name)	
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Cit	y/State/Zip/Phone #	<u>n</u>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
	cument Number)	
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

Division of Corporations	
SUBJECT: Help a Girlfriend Inc	
DOCUMENT NUMBER: N14000009449	
The enclosed Articles of Dissolution and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Belinda Cress	
(Name of Con	stact Person)
(Firm/Co	manu)
9540 Old Dade City Road	шрапу)
(Addre	ss)
Lakeland, F1 33809 33810	
(City/State and	Zip Code)
For further information concerning this matter, pl	ease call:
Belinda Cress	863 370.6672
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

## **MAILING ADDRESS:**

TO: Amendment Section

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Help a Girlfriend Inc.	
SECOND:	The document number of the corporation (if known):	
THIRD:	Adoption of Dissolution	
	(COMPLETE SECTION LOP II)	
	SPOTION 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	
	(CHECK/COMPLETE ONE)  The date of meeting of members at which the resolution to dissolve was adopted	
	approval. The number of votes cast by the members was sufficient for	
	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: January 2, 2018	
	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 does not have been applicable statutory filing requirements.	
	be listed as the document's effective date on the Department of State's records.	
	Signature: X Delinda Crass	
	(By the chairman or vice chairman of the board, president or other officer, if director how and have been also been	
	incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)  Belinda Cress	
	(Typed or printed name of person signing)	
	President	
	(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: Help a Girlfriend 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. Belinda Cress - President Printed Name of the Person Filing