## 115000005978

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|---|
| . (Requestor's Name)                    |
|   |
| (Address)                               |
| (Address)                               |
| ( (daises)                              |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **CUVER LETTER**

. **TO:** Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

| NAME                   | E OF COF     | Okaloosa  RPORATION:                       | County Helping Hands   |   |
|------------------------|--------------|--|--|---|
| DOCU                   | MENT N       | N15000005978<br>UMBER:                     |  |   |
| The end                | closed Art   | icles of Revocation of L                   | Dissolution and fee are  | submitted for filing.   |
| Please 1               | return all o | correspondence concern                     | ing this matter to the fo  | llowing:  |
|                        | Sara Steele  | :  |  |   |
| Name of Contact Person |              |  |  |   |
|                        | Okaloosa (   | County Helping Hands                       |  |   |
| Firm/Company           |              |  |  |   |
|                        | 1676 North   | nridge Road                                |  |   |
| Address                |              |  |  | · · · · · · · · · · · · · · · · · · ·   |
|                        | Niceville, l | FL 32578                                   |  |   |
|                        |              | City/Stat                                  | e and Zip Code   | <del> </del>  |
|                        | usauk90@a    | ol.com                                     |  |   |
| -                      |              | E-mail address: (to be used                | for future annual report n   | otification)  |
| For furt               | ther inforn  | nation concerning this m                   | natter, please call:   |   |
| Sara Ste               | ele          |  | 850<br>at (  | 279-3885  |
|                        | N            | ame of Contact Person                      |  | Daytime Telephone Number  |
| Enclose                | ed is a che  | ck for the following amo                   | ount:  |   |
| <b>□ \$</b> 35 F       | Filing Fee   | \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is enclosed) |
|                        |              | ng Address:                                | Street Addre   |   |
|                        | Amen         | dment Section                              | Amendment S  | ection  |

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 617.1404, Florida Statutes, this Florida not for profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

| FIRST:  | The name of the corporation is Okaloosa County Helping Hands  |  |  |  |
|---------|---|--|--|--|
| SECOND: | The document number of the corporation (if known) is N15000005978   |  |  |  |
| THIRD:  | The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 12/16/2016  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.   |  |  |  |
| FOURTH: | The revocation of dissolution was authorized on $\frac{02/26/2017}{}$   |  |  |  |
| FIFTH:  | Adoption of revocation of dissolution (check one)   |  |  |  |
| 7 4     | <ul> <li>The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.</li> <li>The members revoked the dissolution and the number of votes cast was sufficient for approval.</li> <li>The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.</li> <li>The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was and the vote for the resolution was for and on against.</li> </ul> |  |  |  |
| SIXTH:  | A copy of the Articles of Dissolution is attached.  Signature (By the chairman or vice chairman of the board, president or other officer, or by and   |  |  |  |
|         | incorporator, or trustee if applicable)  Typed or Printed Name Sara Steele  |  |  |  |
|         | FILING FEE \$35   |  |  |  |

## 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: Okaloosa County Helping Hands N15000005978 SECOND: The document number of the corporation (if known): Adoption of Dissolution THIRD: (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 12/15/2016 . The number of votes cast by the members was sufficient for approval. ☐ 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 and the vote for resolution was The number of directors in office was \_ and against. (Must be a majority vote) FOURTH Effective date of dissolution, <u>if applicable</u>: (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: (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) Sara Steele (Typed or printed name of person signing) Vice President

Filing Fee: \$35

(Title of person signing)