

N15000010174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

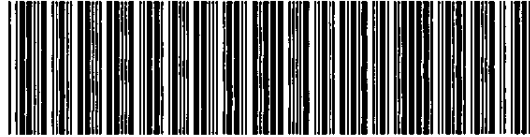
(Business Entity Name)

(Document Number)

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SEC. DIV. OF SALES
DIVISION OF COMMERCE
16 FEB - 5 PM 2:25

FEB - 8 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of NonProfit Company

DOCUMENT NUMBER: N15000010174

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

Please return all correspondence concerning this matter to the following:

Audrey Moreland

(Name of Contact Person)

Nurse Your Pur\$e, Inc.

(Firm/Company)

1607 Holly St #1

(Address)

Lantana, FL 33462

(City/State and Zip Code)

For further information concerning this matter, please call:

Audrey Moreland

(Name of Contact Person)

at (561)

(Area Code)

985-0056

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 FEB -5 PM 2:25

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:

Nurse Your Pur\$, Inc

SECOND: The document number of the corporation (if known): N15000010174

THIRD: The file date of the articles of incorporation: 10/19/2015

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: Audrey Moreland

(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)

Audrey Moreland

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35