N16000001122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 28 2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Typographics.org.,Inc.
(Name of Corporation)

DOCUMENT NUMBER: N16000001122

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Carole A. Policy
(Name of Person)

(Name of Firm/Company)

9031 Cypress Hollow Drive
(Address)

Palm Beach Gardens, FL 33418
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Carole A. Policy at (561) 627-0799
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Group 2 LLC, hereby resign as Director
(Title)

of Typographics.org.,Inc.
(Name of Corporation)

N16000001122
(Document Number, if known), a corporation organized under the laws of the State of

Florida.

X Dr. Carole A. Policy
Group 2 LLC by Dr. Carole A. Policy, Director
(Signature of resigning officer/director)

2023 MAY 30 PM 3:33

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

VOID IF ALTERED OR ERASED

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022134163 **DATE ISSUED:** JULY 22, 2022

DATE FILED: JULY 22, 2022

DECEDENT INFORMATION

NAME: JOSEPH J POLICY

DATE OF DEATH: JULY 16, 2022 SEX: MALE AGE: 077 YEARS

DATE OF BIRTH: JULY 12, 1945 SSN: ***-**-6204

BIRTHPLACE: YOUNGSTOWN, OHIO, UNITED STATES

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: JUPITER MEDICAL CENTER

LOCATION OF DEATH: JUPITER, PALM BEACH COUNTY, 33458

RESIDENCE: 9031 CYPRESS HOLLOW DRIVE, PALM BEACH GARDENS, FLORIDA 33418, UNITED STATES

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: EDITOR, JOURNALISM

EDUCATION: BACHELORS DEGREE EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: CAROLE DAVIS

FATHER'S/PARENT'S NAME: VINCENT POLICY

MOTHER'S/PARENT'S NAME: ANNA BERARDI

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: CAROLE POLICY

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 9031 CYPRESS HOLLOW DRIVE, PALM BEACH GARDENS, FLORIDA 33418, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: JOHN EDGLEY, F042261

FUNERAL FACILITY: EDGLEY CREMATION SERVICES F052578
4128 WESTROADS DR #203, RIVIERA BEACH, FLORIDA 33407

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EDGLEY CREMATORY
RIVIERA BEACH, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 9999

DATE CERTIFIED: JULY 22, 2022

CERTIFIER'S NAME: BERRY PIERRE

CERTIFIER'S LICENSE NUMBER: OS11997

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.

VOID IF ALTERED OR ERASED