N16000001122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG - 1 2023

Office Use Only

000410045570

05/07/23--01007--018 **87.50

2023 JUN -7 AM 9:1

SECRETARY
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: N16000001122

The enclosed Resignation of Registered Agent 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 made payable to the Florida Department of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

2023 JUN -7 AM 9:

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Joseph J. Policy
(Name of Registered Agent)

hereby resigns as Registered Agent for Typographics.org.,Inc.
(Name of Corporation)

N16000001122
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

X Dr. Carole A. Policy
Joseph J. Policy (deceased) by Dr. Carole A. Policy (wife)
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:
$87.50 - Active Corporation
$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E046 (12/19)

VOID IF ALTERED OR ERASED

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.