

N17000005348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



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S TALLENT

JUN 28 2017

17 JUN 23 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

V/D-w/notice



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2017

DIANE ROWDEN
BEHAVIORAL HEALTH MENTOR CORPORATION
10350 FULTON AVE
WEEKI WACHEE, FL 34613

SUBJECT: BEHAVIORAL HEALTH MENTOR CORPORATION
Ref. Number: N17000005348

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IF YOU ARE TRYING TO DISSOLVE YOUR NON PROFIT CORPORATION, PLEASE CHOOSE ONE OF THE FORMS PROVIDED. NOTE THE HIGHLIGHTS IN YELLOW AND ORANGE TO DISTINGUISH THE TWO FORMS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 817A00011776

RECEIVED
17 JUN 23 PM 1:55
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation
Behavioral Health Mentor Corporation
DOCUMENT NUMBER: N1700000548

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

Please return all correspondence concerning this matter to the following:

Diane Rowden
(Name of Contact Person)
Behavioral Health Mentor Corporation
(Firm/Company)
10350 Fulton Ave
(Address)
Weeki Wachee FL 34613
(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Rowden at (352) 573 4178
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee Already Paid ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

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:

Behavioral Health Mentor Corporation

SECOND: The document number of the corporation (if known): N 17000005348

THIRD: The file date of the articles of incorporation: June 15, 2017

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.

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TALLAHASSEE FLORIDA

Signature: Diane Rowden

(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)

Diane Rowden

(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: Behavioral Health Mentor Corporation

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:

May 29, 2017

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10350 Fulton Ave
Weeki Wachee FL 34613

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.

Diane Rowden
Printed Name of the Person Filing

Diane Rowden
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00