

N 18000004828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

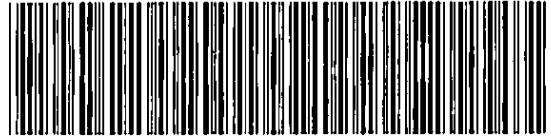
(Business Entity Name)

(Document Number)

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18 JUL 23 AM 11:06

2018 JUL 23 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. GOLDEN

JUL 24 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Floridians for Solution, Inc.

DOCUMENT NUMBER: N18000004828

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

Please return all correspondence concerning this matter to the following:

Ronald G. Meyer, Esquire

(Name of Contact Person)

Meyer, Brooks, Demma and Blohm, P.A.

_____ *Return to*
(Firm/Company)

131 North Gadsden Street

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Thomas

at (850)

878-5212

(Name of Contact Person)

(Area Code)

(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

FILED

ARTICLES OF DISSOLUTION

OF

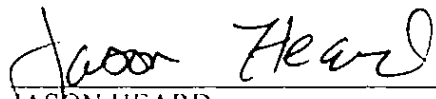
FLORIDIANS FOR SOLUTIONS, INC.

2018 JUL 23 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Floridians for Solutions, Inc. (Corporation Number N18000004828), a Florida not-for-profit corporation, files these Articles of Dissolution pursuant to Section 617.1403, Florida Statutes, and asserts as follows:

1. The name of the corporation is Floridians for Solutions, Inc.
2. The corporation has no members; the Board of Directors manages the affairs and conducts all business of the corporation.
3. Dissolution, effective immediately, was authorized by resolution at a meeting of the Board of Directors held on July 12, 2018. The number of votes cast for dissolution was sufficient for approval.



JASON HEARD
Chairperson

STATE OF CALIFORNIA
COUNTY OF _____

The foregoing instrument was acknowledged before me on this _____ day of July, 2018, by Jason Heard, who is personally known to me OR who has produced identification (strike through one).

NOTARY PUBLIC

Notary: _____
PRINTED NAME

My Commission Expires: _____

** SEE ATTACHMENT **

RESOLUTION

Be it resolved that by unanimous action of the Board of Directors, Floridians for Solutions, Inc., taken on July 12, 2018, the Board of Directors voted to dissolve Floridians for Solutions, Inc., Charter Number N18000004828, and authorized the Chairperson, Jason Heard, to file Articles of Dissolution.

DONE and ADOPTED this 12th day of July, 2018.

ATTEST:



JASON HEARD, Chairperson

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

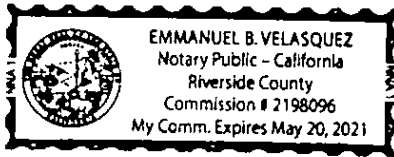
State of California

County of RIVERSIDE

On 7/19/18 before me EMMANUEL B. VELASQUEZ, NOTARY PUBLIC
Date Here Insert Name and Title of the Officer

personally appeared JASON HEARD
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document: ARTICLES OF DISSOLUTION OF
Title or Type of Document: FLORIDIANS FOR SOLUTIONS, INC
Document Date: 7/19/18 Number of Pages: 1
Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
<input type="checkbox"/> Corporate Officer - Title(s): _____	<input type="checkbox"/> Corporate Officer - Title(s): _____
<input type="checkbox"/> Partner - <input type="checkbox"/> Limited <input type="checkbox"/> General	<input type="checkbox"/> Partner - <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian of Conservator	<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian of Conservator
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Signer is Representing: _____	Signer is Representing: _____