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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

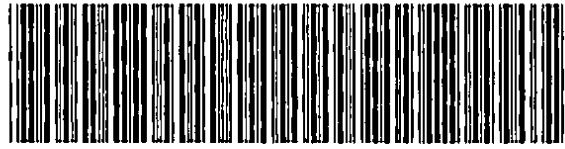
(Business Entity Name)

(Document Number)

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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISOLUTION OF "THE PINELLAS CAREGIVER
FOUNDATION INC

DOCUMENT NUMBER: N 1900000 1724

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

Please return all correspondence concerning this matter to the following:

MICHAEL DUMBRELL

(Name of Contact Person)

THE PINELLAS CAREGIVER FOUNDATION INC

(Firm/Company)

611 DRUID RD. E. #715,

(Address)

CLEAR WATER FL. 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL DUMBRELL at (727) 252 6737
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2021

JOSEPH MICHAEL DUMBRELL
611 DRUID RD E.
STE. 715
CLEARWATER, FL 33756

SUBJECT: THE PINELLAS CAREGIVER FOUNDATION INC.
Ref. Number: N19000001724

We have received your document for THE PINELLAS CAREGIVER FOUNDATION INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 821A00000416

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, 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: THE PINELLAS CAREGIVER FOUNDATION INC

SECOND: The document number of the corporation (if known): N 1900000 1724

THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

[] The date of meeting of members at which the resolution to dissolve was adopted

_____. The number of votes cast by the members was sufficient for approval.

[] The resolution was adopted by written consent of the members and executed in accordance section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 01/25/2021

The number of directors in office was 3 and the vote for resolution was 3 for and 0 against. (Must be a majority vote)

JRTH Effective date of dissolution, if applicable: _____ (no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: _____ (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)

MICHAEL DUMBRELL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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