N19000005615

(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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06/17/22--01009--021 **\$2.50



4 9/4/2022

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of Corporation		
DOCUMENT NUMBER: N190000056	615	
The enclosed Articles of Dissolution a	and fee are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
Michelle E. Lowther, Esq.		
(N	lame of Contact Person)	
Lowther Legal, PLLC		
	(Firm/Company)	
P.O. Box 904		
	(Address)	
Largo, FL. 33779		
(C	ity/State and Zip Code)	
For further information concerning this	s matter, please call:	
Michelle E. Lowther	at (201-3215	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following a	umount:	
□\$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & ■\$52.50 Filing Fee, Certificate of Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section f Corporations Division of Corporations The Centre of Tallahassee	

ARTICLES OF DISSOLUTION

Pursuant to Articles of I	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following partial Dissolution:			
FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
SECOND:	The document number of the corporation (if known): N19000005615			
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			
with	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			
	The number of directors in office was $\frac{4}{}$ and the vote for resolution was $\frac{4}{}$ for and $\frac{0}{}$ against. (Must be a majority vote)			
FOURTH	Effective date of dissolution, if applicable: June 13, 2022			
	Signature: (By the chairman of 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)			
	Karen M. Brooks			
	(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:__ 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: A description of the claim, the nature of the claim, the amount of the claim, and the date the claim was incurred. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Karen M. Brooks 19163 Coastal Shore Terrace Land O Lakes, FL. 34638 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. Karen M. Brooks Printed Name of the Person Filing