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#### COVER LETTER

TO: Amendment Section Division of Corporations

CHED BY TYPE I, INC.

N19000007715

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

Please return all correspondence concerning this matter to the following:

## Elizabeth Forrest

(Name of Contact Person)

Touched By

(Firm/Company)

195 S. Westmonte

(Address)

## Altamonte Springs, F

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

Certificate of Status

Certified Copy (Additional copy is

enclosed)

■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$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

ursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: **IRST**: The name of the corporation as currently filed with the Florida Department of State: The document number of the corporation (if known): N1900007715 SECOND: The file date of the articles of incorporation HIRD: OURTH The corporation has not commenced to conduct its affairs. No debts of the corporation remains unpaid. IFTH: Adoption of Dissolution (CHECK ONE) SIXTH: (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.

Signature: (Published and state and and stat

(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)

## Elizabeth Forrest

(Typed or printed name of person signing)

## **President**

(Title of person signing)

Filing Fee: \$35

#### AFFIDAVIT EXECUTED PURSUANT TO S. 617.01201, AUTHORIZING THE IMMEDIATE ASSUMPTION OR USE OF THE NAME BY ANOTHER CORPORATION

STATE	OF:	FLC	RID.	Α
COUNT	Y C	F O	RAN	GE

Before me personally appeared Elizabeth Forrest who, being sworn upon her oath, deposes and says:

- 1. My name is Elizabeth Forrest, I am over the age of 21 years, and I am sui juris.
- 2. On July 22, 2019, as Incorporator, I filed the Articles of Incorporation to incorporate a Florida not-for-profit corporation that I named "TOUCHED BY TYPE I, INC.," Document Number N19000007715.
- 3. The corporation "TOUCHED BY TYPE I, INC." thereafter elected directors and officers, and I was named President.
- 4. The corporation "TOUCHED BY TYPE I, INC." has never conducted any actual business.
- 5. At the same time that I am filing this Affidavit, I am also filing Articles of Dissolution for the corporation "TOUCHED BY TYPE I, INC." pursuant to a Resolution to do so unanimously adopted by the Directors.
  - 6. That same Resolution authorized me to prepare, sign and file this Affidavit.
- 7. By the authority vested in me by said Resolution and pursuant to §617.01201, Florida Statutes, on behalf of the corporation "TOUCHED BY TYPE I, INC.," I hereby authorize the immediate assumption and use of that name by another Florida not-for-profit corporation that is currently named "DANCING FOR DIABETES, INC.," Document Number N13000001176.
- 8. It is my understanding that the corporation "DANCING FOR DIABETES, INC." intends to amend its articles of incorporation and change its name to "TOUCHED BY TYPE I, INC." That planned name change is the purpose of giving this authorization.

NANNETTE HERNANDEZ
Notary Public - State of Florida
Commission # GG 272617
My Comm. Expires Oct 30, 2022
Boncec through National Notary Assn.

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