

N2200007290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

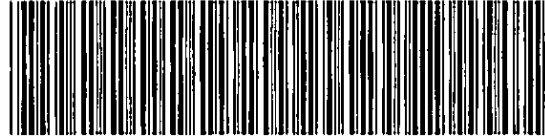
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800400151848

01/25/23--01010--021 **35.00

FILED
2023 JAN 25 AM 11:30
TALLAHASSEE
FL

3/30/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Restorative Care International, Inc

DOCUMENT NUMBER: N22000007290

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

Please return all correspondence concerning this matter to the following:

Dessalegn Amanu

(Name of Contact Person)

(Firm/Company)

32177 Juniper Parke Drive

(Address)

Fernandina Beach, FL 32034

(City/State and Zip Code)

For further information concerning this matter, please call:

Dessalegn Amanu

at (812)

706-9566

(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
[Signature]

☐ \$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

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: 2022 JAN 25 AM 11:31

FILED
JAN 25 2022
TALLAHASSEE, FL

FIRST: The name of the corporation as currently filed with the Florida Department of State:
Restorative Care International, Inc

SECOND: The document number of the corporation (if known): N22000007290

THIRD: The file date of the articles of incorporation: June 27, 2022

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.

X 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)

Dessalegn Amanu

(Typed or printed name of person signing)

Sole Incorporator

(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: Restorative Care International, Inc

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:

To my knowledge there are no outstanding claims:

If any:

Invoice and proof of authorization by Dessalegn Amanuel

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

Dessalegn Amanuel


32177 Juniper Parke Drive

Fernandina Beach, FL 32034

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.

Dessaiegn Amanuel

Printed Name of the Person Filing


Signature of the Person Filing

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