

# N39541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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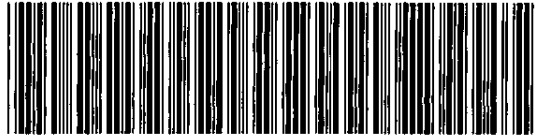
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Ant Diss  
(1a) 2/28/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Closing of Support Group

**DOCUMENT NUMBER:** N39541

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

Please return all correspondence concerning this matter to the following:

Daisy Noto

(Name of Contact Person)

The Homicide Survivors Support Group of Hillsborough County, Inc.

(Firm/Company)

3401 Heiter St.

(Address)

Tampa, Fl. 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Daisy Noto

(Name of Contact Person)

at ( 813 ) 877-6890

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2008

DAISY NOTO  
THE HOMICIDE SURVIVORS SUPPORT GROUP  
3401 HEITER ST.  
TAMPA, FL 33607

SUBJECT: THE HOMICIDE SURVIVORS SUPPORT GROUP OF  
HILLSBOROUGH COUNTY, INC.  
Ref. Number: N39541

We have received your document for THE HOMICIDE SURVIVORS SUPPORT GROUP OF HILLSBOROUGH COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please complete ONLY 1(one) section in reference to the manner of adoption.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 108A00010508

RECEIVED  
2008 FEB 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 28 PM 12:33

## 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 Homicide Survivors Support Group of Hillsborough County, Inc.

SECOND: The document number of the corporation (if known): N39531

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 the 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 2/11/08.

The number of directors in office was 6 and the vote for resolution was  
6 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 3-14-08  
(no more than 90 days after dissolution file date)

Signature Glenda Henderson  
(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.)

GLEND A HENDERSON  
(Typed or printed name of the person signing)

President  
(Title of person signing)

**FILING FEE: \$35**