19300001845

(1	Requestor's Name)					
(4	Address)					
(/	Address)					
((City/State/Zip/Phone #)					
PICK-UP	☐ WAIT ☐	MAIL				
(1	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Statu	s				
Special Instructions to Filing Officer:						

Office Use Only



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SECRETARY FOR STANK

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S. PRATHER

COVER LETTER

SUBJECT: Dissolution of ADON				
DOCUMENT NUMBER:	3000001845			
The enclosed Articles of Disso	lution and fee ar	e submitted for fili	ng.	
Please return all correspondenc	e concerning this	matter to the follo	wing:	
Terry Kays				
	(Name of Co	ntact Person)		
	(Firm/Co	ımpany)		
726 98th Avenue North				
	(Addr	ess)		
Naples, FL 34108				
	(City/State an	d Zip Code)		
For further information concerr	ning this matter, p	olease call:		
Terry Kays		at (239 4:	50-6060	
(Name of Contact Pe	rson)	at ()	(Daytir	ne Telephone Number)
Enclosed is a check for the following	owing amount:			
□ \$35 Filing Fee □ \$43.75 Certif	Filing Fee & ficate of Status	■ \$43.75 Filing Fed Certified Copy (Additional copy enclosed)		\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

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

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: ADONIS AUTISM INC. The document number of the corporation (if known): N93000001845 SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION LOR 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. June 27, 2017 . 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 3 and the vote for resolution was 3 for and (against, (Must be a majority vote) Effective date of dissolution, <u>if applicable</u>: August 1, 2017 **FOURTH** (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 officers if directors have not been selected, by an incorporator- Win the hands of a receiver, trustee, or other court appointed tiduciary, by that fiduciary) Terry Kays (Typed or printed name of person signing) President

Filing Fee: \$35

(Title of person signing)

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 Corpor	ate Dissolution" is	s optional and is n	ot required when filin	g a voluntary dissolut	ion.
Name of Corporation:_	Applica	Bation	1:10		
Date of dissolution will of Dissolution.	be the date the diss	solution is filed wi	th the Department of .	State or as specified in	the Articl
Description of informati	on that must be inc	cluded in a claim;			
		<u> </u>			
		····			
Mailing address where a	daims can be sent:	Claims cannot b	e sent to the Division	of Corporations)	
				···	
A claim against the above within 4 years after the f			unless a proceeding t	o enforce the claim is	commence
ERR.	Name of the Person F			<u> </u>	
Prinkd	Name of the Person F	Tiling	Signati	we of the Person Filing	