N93000002199

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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Certified Copies	Certificates	e of Status
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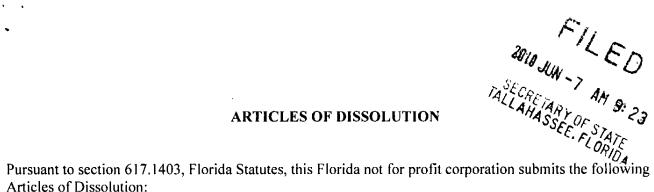
B JUN - 9 2010

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: HANDS TO THE HORLD	INC.	
DOCUMENT NUMBER:		
NICK HENRY (Name of Co	ontact Person)	
HANDS TO THE YORLD INC.		
(Firm/Co	ompany)	
3956 TOWN CENTER BOULEYAR	ress	
DREANDO FL	32837 nd Zip Code)	
For further information concerning this matter,		
NICK HENRY	at (32/)	
	(Area Code & Daytane Felephone (Valider)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\ \text{S52.50 Filing Fee,} \\ Certified Copy \\ (Additional copy is enclosed) \\ \$Certified Copy \\ (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301



Articles of Dissolution:

The name of the corporation as currently filed with the Florida Department of State:
HANDS TO THE HORLD INC.
The document number of the corporation (if known): N93000002199
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
The number of directors in office was and the vote for resolution was
for and against. (must be a majority vote)

Effective date of dissolution <u>if applicable</u> :	
	(no more than 90 days after dissolution file date)
Signature Rapis X.	mith
By the chairman or vice chairman of	
officer- if/directors have not been sele the hands of a receiver, trustee, or oth by that fiduciary.)	
cy mai mademyty	
Janes K Smire	
Tawis K. Smith (Typed or printed name of t	he person signing)
CHALLMAN BOARD	DIRECTORS
CHAIRMAN BOARD O	gning)

Effective date of dissolution if applicable:

FOURTH:

FILING FEE: \$35