

N930000004296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

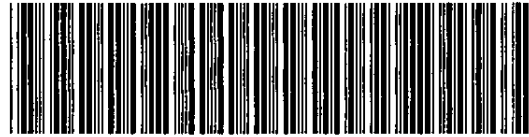
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700236600497

des

06/25/12--01009--007 **35.00

FILED
2012 JUN 25 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AOR

6/26/12

FILED

2012 JUN 25 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PROJECT; TURNING-POINT, INC

SECOND: The document number of the corporation (if known): N93000004269

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 16 APRIL 2012

The number of directors in office was 3 and the vote for resolution was

3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Signature J. Dave Moffatt
(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.)

J. DAVE MOFFATT
(Typed or printed name of the person signing)

EXEC. DIR.
(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: PROJECT; TURNING-POINT, 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:

CONTRACTURAL EVIDENCE OF OBLIGATION SIGNED
BY EXEC. DIRECTOR

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

PROJECT: TURNING-POINT, INC.
P/O BOX #156
EDGEWATER, FL 32132

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.

J. DAVE MOFFATT

Printed Name of the Person Filing

J. Dave Moffatt

Signature of the Person Filing

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