N95000002161

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





200278163292

10/16/15--01017--013 **104.40

15 NOV -5 PH 1:27

NOV - 5 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2015

JEANNETTE BRADLEY / TAMPA HILLSBOROUGH ACTION PLAN INC 5508 NORTH 50TH STREET TAMPA, FL 33610 US

SUBJECT: OAKHURST SQUARE II COMMUNITY PARTNERSHIP, INC.

Ref. Number: N95000002161

We have received your document for OAKHURST SQUARE II COMMUNITY PARTNERSHIP, INC. and your check(s) totaling \$104.40. However, the enclosed document has not been filed and is being returned for the following correction(s):

This corporation is still active. You can't file articles of revocation for an active company. We are enclosing articles of dissolution for your convenience.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 615A00022005

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Apticles of Dissolution
DOCUMENT NUMBER: <u>N95</u> 00002161
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeannette Braolley, Chief Executive Officer (Name of Contact Person)
Tampa Hilsborough Action Plan, Inc. (Firm/Company)
5508 N. 501 Street
(Address)
Tampa, FL 33610
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (813) 626-4926 ext. 402 (Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status 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
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:
	Dakhurst Square II (mmunity Paiktnership, Inc.
SECOND:	
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)
	The document number of the corporation (if known): N95 000002161 Adoption of Dissolution (COMPLETE SECTION I OR 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
	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 $824/2013$.
	The number of directors in office was _ D and the vote for resolution was _ \frac{8}{2} for and _ 2 against. (Must be a majority vote)
FOURTH	Effective date of dissolution, <u>if applicable</u> : (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 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)
	(Typed or printed name of person signing)
	Chief Executive, Officer (Title of person signing)

Filing Fee: \$35