

N97000001639

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Partnership for Workforce Development, Inc., d.b.a. PWD Solutions, Inc.

DOCUMENT NUMBER: N97000001639

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

Please return all correspondence concerning this matter to the following:

William A. Clark, CPA

(Name of Person)

William A. Clark, CPA

(Name of Firm/Company)

1701 Mason Avenue, Suite 107

(Address)

Daytona Beach, FL 32117

(City/State/and Zip Code)

For further information concerning this matter, please call:

William A. Clark

(Name of Person)

at (

386)

274-5007

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & 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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 8, 2005

1901 WILLIAM A. CLARK, CPA
1701 MASON AVE., STE 107
DAYTONA BEACH, FL 32117

SUBJECT: PARTNERSHIP FOR WORKFORCE DEVELOPMENT, INC.
Ref. Number: N97000001639

We have received your document for PARTNERSHIP FOR WORKFORCE DEVELOPMENT, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

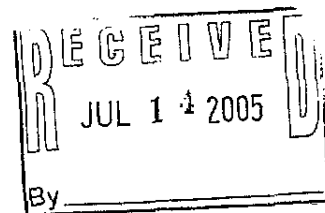
Please remove the DBA name from your document.

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 205A00045455



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SECRETARY OF STATE

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:

Partnership for Workforce Development, Inc.

SECOND: The document number of the corporation (if known): N97000001639

THIRD: Adoption of Dissolution
(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted
May 27, 2005

(CHECK ONE)

- ☒ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 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.

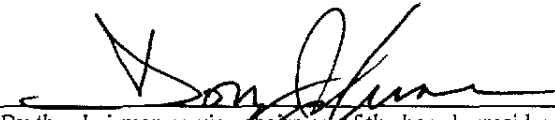
The date of adoption of the resolution by the board of directors was _____

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

FOURTH: Effective date of dissolution if applicable: June 30, 2005
(no more than 90 days after dissolution file date)

Signed this 24th day of June, 2005.

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.)

Doug Johnson

(Typed or printed name of the person signing)

Chairman, Board of Directors

(Title of person signing)

FILING FEE: \$35