

N97000006413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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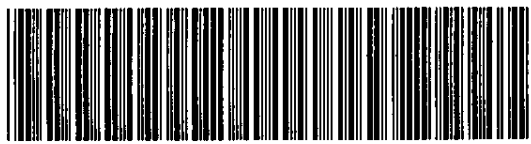
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPAYD WITH HEART, INC

**DOCUMENT NUMBER:** N197000006413

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

Please return all correspondence concerning this matter to the following:

LORI ARMENTI

(Name of Contact Person)

SPAYD WITH HEART, INC.

(Firm/Company)

2103 CYPRESS CREEK RD.

(Address)

COTTONDALE FL 32431

(City/State and Zip Code)

For further information concerning this matter, please call:

LORI ARMENTI

(Name of Contact Person)

at ( 850 ) 324-2182

(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, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**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:

SPAYD WITH HEART, INC.

SECOND: The document number of the corporation (if known): N97000006413

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 11-14-11.

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: 01-14-11  
(no more than 90 days after dissolution file date)

Signature Lori Armenti  
(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.)

LOBI ARMENTI  
(Typed or printed name of the person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**