

1198000006499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

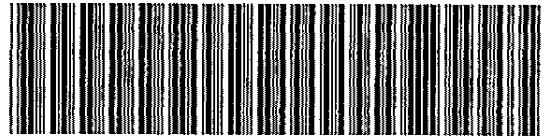
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY OF STATE
TALLAHASSEE, FLORIDA

DIS
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: N 98 00000 6499

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

Please return all correspondence concerning this matter to the following:

SUSIE JONES THOMAS
(Name of Contact Person)

CARE HAVEN SERVICES, INC
(Firm/Company)

419 CORDELL AVE.
(Address)

INTERLACHEN, FL 32148
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSIE JONES THOMAS at (904) 613-6841
(Name of Contact Person) (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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

CARE HAVEN SERVICE, INC

SECOND: The document number of the corporation (if known): N98000006499

THIRD: The file date of the articles of incorporation: 11/16/98

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**

(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

FILED
06 AUG 25 AM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: Susie Jones Thomas
(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)

SUSIE JONES THOMAS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

FOURTH: Effective date of dissolution if applicable: 04/01/06
(no more than 90 days after dissolution file date)

Signature Susie Jones Thomas
(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.)

SUSIE JONES THOMAS
(Typed or printed name of the person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35