

N99000002685

Fr Thiat Martin
4940 NW 11 St
Fandrich Hill Fla
33313

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
99 JUL 28 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

500002910765--8
-06/21/99-01123-005
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*489,524,534,671
Dissolution 7-29-99

Examiner's Initials

LHJ



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 9, 1999

Violet Martin
4940 NW 11th Street
Lauderhill, FL 33313

SUBJECT: VIE & DES ADULT FAMILY CARE, INC.
Ref. Number: N99000002685

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 399A00031142

954-321-1759



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 25, 1999

Violet Martin
4940 NW 11th Street
Lauderhill, FL 33313

SUBJECT: VIE & DES ADULT FAMILY CARE, INC.
Ref. Number: N99000002685

We have received your document for VIE & DES ADULT FAMILY CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to voluntarily dissolve your corporation, one of the attached sample forms for dissolution must be completed and returned to this office for filing.

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) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 099A00033939

RECEIVED
99 JUL -9 AM 11:47
DIVISION OF CORPORATIONS





FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 14, 1999

Violet Martin
4940 NW 11th Street
Lauderhill, FL 33313

SUBJECT: VIE & DES ADULT FAMILY CARE, INC.
Ref. Number: N99000002685

We have received your document for VIE & DES ADULT FAMILY CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept my apology for sending you the wrong dissolution form. Enclosed is the correct form for dissolving your nonprofit corporation.

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) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 299A00036172

FILED
99 JUL 28 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 is Vie ~~z~~ Des adult family ^{Care} Home, INC.

SECOND: The articles of incorporation were filed on 4-26-99

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

FOURTH: No debts of the corporation remain unpaid.

FIFTH: 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.

Signed this 20 day of July 1999, 19____.

Signature Violet Martin
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer - if Directors have not been selected by an incorporator.)

Violet Martin
Typed or printed name

Incorporator
Title