

PO/aux0648/5

(Requestor's Name)

Terrel L. Hood
514 SW 2nd Avenue
Ocala, FL. 34471
(352) 732-2660

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

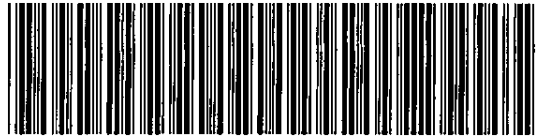
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/18/08--01015--022 **35.00

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2008 JAN 18 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1-2306

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

HOMAN SERVICES, INC

SECOND: The document number of the corporation (if known): P1000064815

THIRD: The file date of the articles of incorporation: 6-28-2002

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: James Homan

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JAMES HOMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: HOMAN SERVICES, INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

ANY AMOUNTS DUE TO VENDORS MUST INCLUDE THE DATE PAYMENT
AFTER THAT DATE ANY CLAIMS RECEIVED WILL NOT BE CONSIDERED

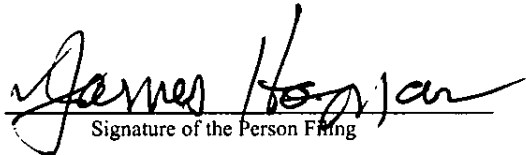
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1754 NE 5TH ST
OCALA, FL 34470

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JAMES HOMAN

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00