

Pa20000100482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

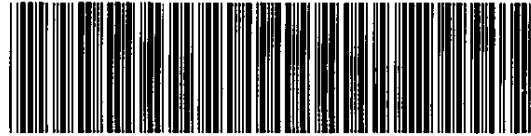
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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*less with notice*  
06/04/10--01016--013 \*\*\$2.50

FILED  
2010 JUN -4 PM 4:12  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

ADR  
6/9/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Society Benefits, Inc.

**DOCUMENT NUMBER:** PO2000100482

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

Please return all correspondence concerning this matter to the following:

JoEllen Taylor

(Name of Contact Person)

(Firm/Company)

10622 Kirby Smith Road

(Address)

Orlando, FL 32832

(City/State and Zip Code)

For further information concerning this matter, please call:

JoEllen Taylor

(Name of Contact Person)

at ( 321 ) 332 7838

(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

FILED

## ARTICLES OF DISSOLUTION

2010 JUN -4 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Society Benefits, Inc.

SECOND: The document number of the corporation (if known): PO2000100482

THIRD: The file date of the articles of incorporation: 09-17-2002

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: \_\_\_\_\_

(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.)

JoEllen Taylor

(Typed or printed name of person signing)

President

(Title of Person Signing)

**Filing Fee: \$35**

## 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: Society Benefits, 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:

Signed and notarized documentation of claim is to be submitted in triplicate.

The claim must outline all specific dates, amounts, and names of persons involved.

The claim must include all necessary contact information, including but NOT  
limited to name, mailing address, current & active email address, fax number  
and phone number of the claimant.

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

JoEllen Taylor

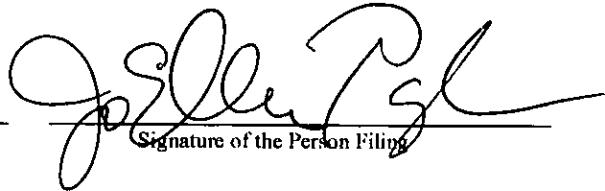
10422 Kirby Smith Road

Orlando, FL 32832

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.

JoEllen Taylor

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**