

P03000084325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

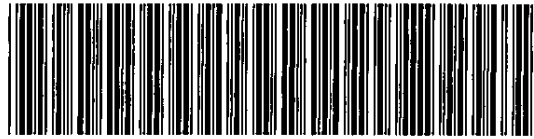
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

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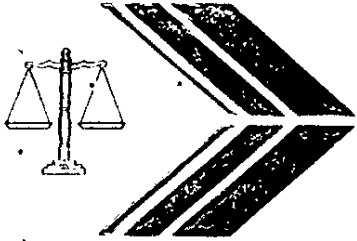
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VD/W NTR

FILED

07 OCT 26 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## North Florida Legal Center, Inc.

P.O. Box 5141  
Navarre Beach, FL 32566  
Email: NFLCTR@aol.com

866-515-0051 T. Free  
850-305-3833 Phone  
850-939-0033 Fax

(Specializing in Federal Criminal Cases)

**\*Charles Wilson**  
(General Counsel to NFLC)  
\* (Member AL State & Fed. Bar)  
(5<sup>th</sup>, 6<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> & 11<sup>th</sup> Cir., U.S. Court of Appeals)

**K. Barfield**  
(Director)  
(Sentencing Guideline Specialist)

October 24, 2007

Florida Division of Corporations  
Amendment Division  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Ma'am:

Enclosed herewith, please find the original *Articles of Corporate Dissolution* form and the *Notice of Corporate Dissolution*, along with the filing fee of 43.75. If you have any questions, please give me a call at 850-305-3833. Thank you.

Sincerely,

K. Barfield

Enclosure(s): (3)

Cc: corp. file

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corporate Dissolution

**DOCUMENT NUMBER:** P03000084325

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

Please return all correspondence concerning this matter to the following:

Ken Barfield

(Name of Contact Person)

North Florida Legal Center, Inc.

(Firm/Company)

P.O. Box 5141

(Address)

Navarre, FL 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Barfield

(Name of Contact Person)

at ( 850 ) 305-3833

(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

11-1-07

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

North Florida Legal Center, Inc.

SECOND: The document number of the corporation (if known): P03000084325

THIRD: The date dissolution was authorized: October 10, 2007

Effective date of dissolution if applicable: November 1, 2007

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group created to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

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)

Kenneth Barfield

(Typed or printed name of person signing)

President/CEO

(Title of person signing)

Filing Fee: \$35

FILED  
07 OCT 26 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: North Florida Legal Center 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:

Name of Person or business entity, description of claim, date claim incurred,  
amount of claim, address of person/entity making claim,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

P.O. Box 5141


Navarre, FL 32566

\_\_\_\_\_  
\_\_\_\_\_

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.

Kenneth Barfield

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**