

P04000017845

(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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06/21/10--01015--003 **25

07/01/10--01035--013 **10.00

10 JUL - 1 PM 12:00

RECEIVED
DIVISION OF CORPORATE AFFAIRS

Amends

dis w/NOT
C.COULLIETTE

JUL 01 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Doula Inc.
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorie McCoy

(Name of Person)

Your Doula Inc.

(Firm/Company)

135 Mohican Circle

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Lorie McCoy

(Name of Person)

at

(561) 988-5351

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



☒ \$25.00 Filing Fee



☐ \$30.00 Filing Fee &
Certificate of Status



☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2010

LORIE MCCOY
YOUR DOULA INC.
135 MOHIGAN CIRCLE
BOCA RATON, FL 33487

SUBJECT: YOUR DOULA INC.
Ref. Number: P04000017845

We have received your document for YOUR DOULA INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have used the form for a limited liability company. You are filed with this office as a Florida profit corporation so, I am enclosing the correct form for you to dissolve your Florida 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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 210A00015295

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Close Corporation

DOCUMENT NUMBER: P04000017845

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

Please return all correspondence concerning this matter to the following:

Loni McCoy
(Name of Contact Person)

(Firm/Company)

135 Michigan Circle
(Address)

Boca Raton, FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

Loni McCoy at (561) 988-5351
(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)
- CO \$25
\$10 check
enclosed;
\$25 already
submitted*

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 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:

Your Daula Inc.

SECOND: The document number of the corporation (if known): P04000017845

THIRD: The date dissolution was authorized: 11/1/2010

Effective date of dissolution if applicable: 11/1/2010
(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 entitled to vote separately on the plan to dissolve:

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

(voting group)

Signature: Lorie A. McCoy

(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)

Lorie A. McCoy

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

10 JUL - 1 PM 12:00
RECEIVED
DIVISION OF CORPORATE & FINANCIAL
STATE OF 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: Your Doula 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*.

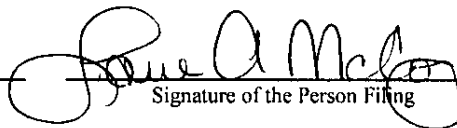
Description of information that must be included in a claim:

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

4722 NW 2 Avenue
Suite C108
Boca Raton, FL 33431

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.

Lorie A. McCoy
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