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PICK-UP	☐ WAIT	MAIL	
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Special Instructions to	Filing Officer:		
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COVER LETTER

Division of Corporations			
SUBJECT: Forever Families Home Study Agency , Inc.			
DOCUMENT NUMBER:			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Margot Losan (Name of Contact Person)			
Forever Families Hope Soldy Agency Are. (Firm/Company)			
P. O. Box 1195 (Address)			
Boldenrod, FC 32733-1195 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Manyot Logun at (707) 739-6059 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & \$\bigcup \$43.75 Filing Fee & \$\bigcup \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:		
	Forever Families Hone Study Agency	Inc.	
SECOND:	The document number of the corporation (if known): PU+0000	333 <u>5</u>	
THIRD:	The date dissolution was authorized: 5/4/06		
	Effective date of dissolution if applicable: Don CCCipton 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 was sufficient for approval.	for dissolution	
	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	MAY 23	
	(voting group)	OF HAY 23 AH 8: 00	
	Signature (By a director, president or other officer of 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)		
	(Typed or printed name of person signing)		
	(Typed or primed name of person signing) Executive Director (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: Forever Families Home Study Agoncy, 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: am, address, phone #, nature of claim, Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. Signature of the Person Filing

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