4000/54455

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02/23/06 - N1029 -023 **35.00

Volum. Diss.
W/ Motice
03/03/06

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	
document number: $-\frac{p}{4}$	900154455
The enclosed Articles of Dissolution a	nd fee are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
RAYMOND THOMAS	
(Name	e of Contact Person)
BAY AREA Human Se	ervices. Tuc
BAY AREA Human Se	Firm/Company)
3706 KANTREZ PLACE	€
	(Address)
VALRICO, FL 3359 (City	4
(City	/State and Zip Code)
For further information concerning this	matter, please call:
RAYMOND THOMAS (Name of Contact Person)	at (813) 689-8414 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following as	mount:
\$35 Filing Fee \$43.75 Filing Fee Certificate of State	2 & Status & Certified Copy (Additional copy is enclosed) Status & Certified Copy (Additional copy is enclosed) Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee FL 32314	2661 Evecutive Center Circle

Tallahassee, FL 32301

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:
	BAY AREA Human Services Inc
SECOND:	The document number of the corporation (if known): <u>04090154455</u>
THIRD:	The file date the articles of incorporation: Nov 15, 2004
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.
	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.
	A majority of the directors authorized the dissolution.
0'	l ly
Sign	(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.)
	RAYMOND THOMAS (Typed or printed name of person signing)
	VICE PRESIDENT (Title of Person Signing)

Filing Fee: \$35

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Notice of Corporate Dissolution

against this corporation as provided in s. 607.1407. F.S.	• •
This "Notice of Corporate Dissolution" is optional and is not required when filing	g a voluntary dissolution.
Name of Corporation: BAY AREA HUMAN Services INC	
Date of dissolution will be the date the dissolution is filed with the Department of specified in the Articles of Dissolution.	State or as
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)
3706 KANTREZ PLACE, VARACO, FL 33599	4-6928
A claim against the above named corporation will be barred unless a proceeding t within 4 years after the filing of this notice.	o enforce the claim is commenced
\wedge	t 16
RAYMOND THOMAS Printed Name of the Person Filing Raymond Bigns	Humanur Strain Filing

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