

P05 0000 13333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

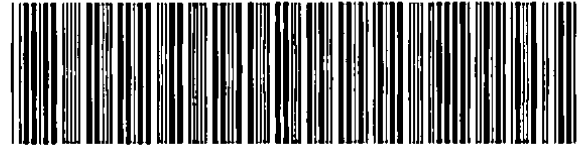
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/28/19--01003--020 **35.00

FILED
2019 JUL 25 AM 8:34
SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FL

JUL 26 2019

C. Kin



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2019

RANDALL CLARK
13825 ICOT BLVD STE 604
CLEARWATER, FL 33760

SUBJECT: NEUROSOMATIC EDUCATORS, INC.
Ref. Number: P0500001333

We have received your document for NEUROSOMATIC EDUCATORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

The discription of information in the claim must be more specific. The notice of corporate dissolution is optional. If you do not have debt you dont need to fill out the notice of corporate dissolution page.

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) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 619A00014023

RECEIVED

2019 JUL 25 PM 2:11

STAFF
TALIA
FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution - Neurosomatic Educators, Inc.

DOCUMENT NUMBER: P05000013333

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

Please return all correspondence concerning this matter to the following:

Randall Clark

(Name of Contact Person)

(Firm/Company)

13825 Icot Blvd, Suite 604

(Address)

Clearwater, FL 33760

(City/State and Zip Code)

For further information concerning this matter, please call:

Randall Clark

(Name of Contact Person)

at (727)
(Area Code)

543-1333
(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
Neurosomatic Educators, Inc

SECOND: The document number of the corporation (if known): P05000013333

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted
_____. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

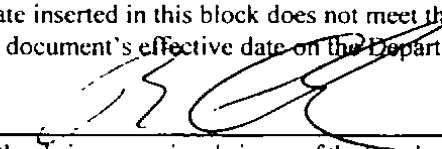
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 4/15/19

The number of directors in office was 1 and the vote for resolution was 1 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: March 31, 2019
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: 
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Randall Clark

(Typed or printed name of person signing)

Owner

(Title of person signing)

Filing Fee: \$35

FILED
2019 JUL 25 PM 8:35
SECRETARY OF STATE
TALLAHASSEE, FL

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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Neurosomatic Educators, 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, Address, Phone Number of claimant

Dollar amount of claim with supporting detail including dates of applicable

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

13825 Icot Blvd, Suite 604, Clearwater, FL 33760

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.

Randall Clark

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