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COVER LETTER

Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER: P050008-1174
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sylvini Lastosse
Sylvent Lastosse (Name of Person) SAFE HOUSE PLUS
(Name of Firm/Company)
1908 CONNER LN
Kissimmer, Florida 34741
(City/State/and Zip Code)
For further information concerning this matter, please call:
Sylvife (AFosse at (407) 343-046 / (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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: SAFE HOUSE PLUS INC
SECOND:	The document number of the corporation (if known): P050008/174
THIRD:	The file date the articles of incorporation: $\underline{June205}$
FOURTH:	(CHECK AT LEAST ONE BOX)
	(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.
Sig	gned this June day of 27
Signa	ture: (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.) (1), or printed name of person signing)
	ARESIDAT (Title of person signing)

Filing Fee: \$35