## P05000151810

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	isiness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		F

Office Use Only



800085591658

01/25/07--01011--025 \*\*35.00



19814 / C

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: Open Hands Enterprises, Inc.
DOCUMENT NUMBER: POSOOO151810
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Douglas F. Wing (Name of Contact Person)
Open Hands Enterprises, Inc. (Firm/Company)  17-81: Tudor Lane # 302
Northbrook, IL 60062 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (847) 302-9015  (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 & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\bigcup \\$60 Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  MAILING 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:
	Open Hands Enterprises, Inc.
SECOND:	The document number of the corporation (if known): POSOOO 151810
THIRD:	The date dissolution was authorized: December 31, 2006
	Effective date of dissolution if applicable:  (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
	<b>Σ</b> ω,
	(voting group)
	ASSET ASSET
	Signature:  (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)
	(Types or printed name of person signing)
	(Title of person signing)
	( , o. h

Filing Fee: \$35