

## Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000002847 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I2000000195

Phone : (850)521-1000

Fax Number

: (850)558-1575

## DISSOLUTION OR WITHDRAWAL

KINDRED SPIRITS OF MIAMI BEACH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

https:// de.sumb96 ON/scripts/efilcovr.exe

M4.22:T ₹2007 1:22PM 0 8 0

## 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: KINDRED SPIRITS OF MIAMI BEACH, INC The document number of the corporation (if known): Pobocods Z 638SECOND: The file date the articles of incorporation: 01/05/2006 THIRD: 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. 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.

Adoption of Dissolution (CHECK ONE) SIXTH: SEVENTH: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. Signature: nesident or other officer - if directors or officers have not been selected, by an incorporator - if in the handle of a receiver, trustee, or other court oppointed fiduciary, by that fiduciary.)

(Title of Person Signing)

JOEL GOSLER
(Typed or printed name of person signing)

Filing Fee: \$35