

P060000006950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

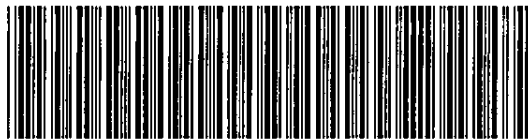
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/12/07--01016--022 **35.00

V/D

FILED
07 MAY -7 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAY 07 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2007

JOANIE HALFAKER
CLARITY FOR WOMEN, INC.
4410 W. SAN MIGUEL STREET
TAMPA, FL 33629

SUBJECT: CLARITY FOR WOMEN, INC.
Ref. Number: P06000006950

We have received your document for CLARITY FOR WOMEN, 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Please enter the file date of the articles of incorporation.

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 307A00025656

RECEIVED
07 MAY -7 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clarity for Women, Inc.

DOCUMENT NUMBER: P06000006950

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

Please return all correspondence concerning this matter to the following:

Joanie Halfaker

(Name of Contact Person)

Clarity for Women, Inc.

(Firm/Company)

4410 W. San Miguel Street

(Address)

Tampa, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

Joanie Halfaker at (813) 453-8255

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

FILED

ARTICLES OF DISSOLUTION 07 MAY -7 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Clarity for Women, Inc.

SECOND: The document number of the corporation (if known): P06000006950

THIRD: The file date of the articles of incorporation: 4/17/07

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

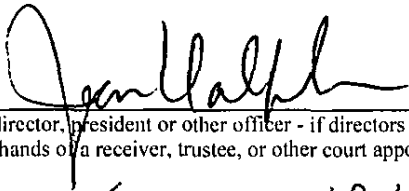
FIFTH: No debt of the corporation remains unpaid.

SIXTH: 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.

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.)

Joan Halfaker

(Typed or printed name of person signing)

President/Owner

(Title of Person Signing)

Filing Fee: \$35