

P07000005109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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T. LEWIS

APR 01 2015

X00789, 01169, 00707, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IN HIS NAME DEVELOPMENTS, INC.

DOCUMENT NUMBER: P07000005109

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

Please return all correspondence concerning this matter to the following:

Pamela T. Karlson

(Name of Contact Person)

Karlson Law Group, P.A.

(Firm/Company)

301 Dal Hall Blvd

(Address)

Lake Placid, FL 33852

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Barlaug

(Name of Contact Person)

at (863) 465-5033

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2014

Pamela T. Karlson
Karlson Law Group, P.A.
301 Dal Hall Blvd.
Lake Placid, FL 33852

SUBJECT: IN HIS NAME DEVELOPMENTS, INC.
Ref. Number: P07000005109

We have received your document for IN HIS NAME DEVELOPMENTS, 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 514A00005743

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:
In His Name Developments, Inc.

SECOND: The document number of the corporation (if known): P07000005109

THIRD: The date dissolution was authorized: February 7, 2014

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

(voting group)

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)

Michael P. Chapman

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
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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. 607.1407, F.S.

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

Name of Corporation: In His Name Developments, 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:

Claimant name and address

Amount of claim

Basis for claim

Secured or unsecured

If secured, state collateral

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

139 Tower Street

Lake Placid, FL 33852

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.

Michael P. Chapman

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