

P09000055142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2018 APR 9 11:05

C. GOLDEN

APR - 9 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BY THESE HANDS, INC. _____

DOCUMENT NUMBER: P09000055142 _____

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

Please return all correspondence concerning this matter to the following:

VALERIE OWEN

(Name of Contact Person)

BY THESE HANDS, INC.

(Firm/Company)

551 SEDGES AVENUE

(Address)

WEST MELBOURNE, F 32904

(City/State and Zip Code)

For further information concerning this matter, please call:

VALERIE OWEN

_____ at (321)427-0794
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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:

BY THESE HANDS, INC.

SECOND: The document number of the corporation (if known): P09000055142

THIRD: The date dissolution was authorized: 12/31/17

Effective date of dissolution if applicable: 12/31/17
(no more than 90 days after dissolution file date)

FOURTH: (CHECK AT LEAST 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)

Signed this 31 day of DECEMBER, 2017

Signature: Valerie Owen

(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)

VALERIE OWEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)