P09000092521

(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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09 NOV 19 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberta NOV 23 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: In Good Hands Inc.

DOCUMENT NUMBER: P09000092521

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

Please return all correspondence concerning this matter to the following:

Roxanna Dunn
(Name of Contact Person)

In Good Hands Inc.
(Firm/Company)

14355 N.W. 22 ave #1
(Address)

Miami FL 33054
(City/State and Zip Code)

For further information concerning this matter, please call:

Roxanna Dunn at (305) 370-9318
(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

Releasing Name

~~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 Good Hands 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:

Not In Intention of revoking, Desolution Release to New Not # for Profit.

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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.

Roxanna Dunn
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

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:

In Good Hands Inc.

SECOND: The document number of the corporation (if known): P09000092521

THIRD: The file date of the articles of incorporation: Nov. 10, 2009

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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.)

Roxanna Dunn
(Typed or printed name of person signing)

President
(Title of Person Signing)

Filing Fee: $35