

P09000092521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

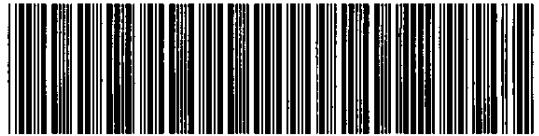
(Business Entity Name)

(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
STATE
CORPORATIONS

Roberts 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. 22ave #1

(Address)

Miami FL 33054

(City/State and Zip Code)

For further information concerning this matter, please call:

Roxanna Dunn

(Name of Contact Person)

at (305) 370-9318

(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:

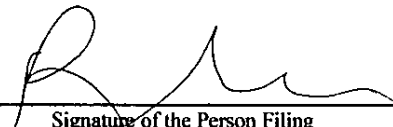
Not In Intention of revoking, Desolution
Release to New Not ~~for~~ for Profit.

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): PO9000092521

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.

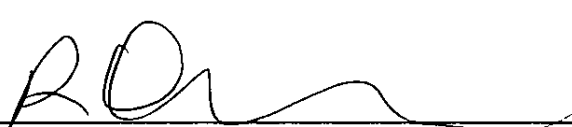
FIFTH: No debt of the corporation remains unpaid.

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.

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)

09 NOV 19 PM 2:49
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Filing Fee: \$35