

4/5/2017

2017-04-05 17:38:15 (CST)

12122023573 From: Kimberly Laughrey

Division of Corporations

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**DISSOLUTION OR WITHDRAWAL  
SERENITY BAY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$35.00</b>

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DIVISION OF CORPORATIONS  
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2017-04-05 17:38:18 CST

12122023573 From: Kimberly Laughrey

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## 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:

SEERENITY CARE, INC.

SECOND: The document number of the corporation (if known): FL000021890

THIRD: The date dissolution was authorized: 3-30-2017

Effective date of dissolution if applicable: 4-1-2017

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

JAMES E. BATES

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

**Filing Fee: \$35**

**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: SEAGRANT BANK, 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

40 Florida Community Bank, N.A.  
2500 WESTON ROAD  
SUITE 300  
WESTON, FL 33331

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.

GRACE AKASHANATHAN UPAL  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**