P10000022341

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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: HOPE 4 ALL, INC
DOCUMENT NUMBER: P10000022341
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MYRIONE PIERRE LOUIS
(Name of Contact Person)
(Firm/Company)
1040 SUMMIT PLACE CIR, UNIT D
(Address)
WEST PALM BEACH, FL 33415
(City/State and Zip Code)
For further information concerning this matter, please call:
MYRIONE PIERRE LOUIS
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: HOPE 4 ALL, INC The document number of the corporation (if known): P10000022341 SECOND: The date dissolution was authorized: 11/9/2010 THIRD: Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Adoption of Dissolution (CHECK ONE) FOURTH: 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 100% (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) MYRIONE PIERRE LOUIS (Typed or printed name of person signing)

Filing Fee: \$35

(Title of.person signing)

TREASURER