

PI3000017735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*dissolution with  
notice*

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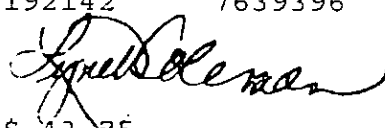
TALLAHASSEE, FL 32301

FILED

2022 DEC -8 AM 11:18

A. RAMSEY  
DEC -9 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 192142 7639396  
AUTHORIZATION :   
COST LIMIT : \$ 43.75

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ORDER DATE : December 8, 2022  
ORDER TIME : 1:58 PM  
ORDER NO. : 192142-005  
CUSTOMER NO: 7639396

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DOMESTIC FILINGS

NAME: CASEWORK OF AMERICA, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolve Casework of America, Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P13000017735  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Autumn Richards  
\_\_\_\_\_

(Name of Contact Person)

Jacksonville Jaguars, LLC  
\_\_\_\_\_

(Firm/Company)

1 TIAA Bank Field Drive  
\_\_\_\_\_

(Address)

Jacksonville, FL 32202  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Autumn Richards  
\_\_\_\_\_

at ( 330-998-9496  
\_\_\_\_\_

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|---|

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

ARTICLES OF DISSOLUTION

2022 DEC -8 AM 11:18

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:  
CASEWORK OF AMERICA, INC.

SECOND: The document number of the corporation (if known): P13000017735


THIRD: The date dissolution was authorized: 12/7/2022

Effective date of dissolution if applicable: 12/7/2022  
(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

Shahid Khan

(Typed or printed name of person signing)

President

(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: CASEWORK OF AMERICA, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/7/2022

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Name of claimant, phone number and email address of claimant, amount of claim, date claim arose and brief description of cl

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

1 TIAA Bank Field Drive

Jacksonville, FL 32202

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.

Autumn Richards

Printed Name of the Person Filing

Autumn Richards

Signature of the Person Filing

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