PIBUDIN

(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
(В	usiness Entity Nar	me)
(D	ocument Number))
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SECRETARY OF STATE
TAIL AND SSEE, FLORIDA



R. WHITE

COVER LETTER

Division of Corporations
SUBJECT: Dissolution of Calm Guidance, Inc
DOCUMENT NUMBER: 6002458/6336 ent P130000170
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rhonsa S. M-Laughlin (Name of Contact Person) Calm Guidance, Inc (Firm/Company)
• • • •
1533 Pleasant Grove Dr.
(Address) Dunedin, F1. 34698 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Rhonda M Laughlin at (727) 734-1893 (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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & 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 Circle

Tallahassee, FL 32301

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:
	Calm Guidance, Inc.
SECOND:	The document number of the corporation (if known): P/30002708\$
THIRD:	The file date of the articles of incorporation: $3 - 22 - 2013$
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 distribut 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.
Sign	ature: (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.) (Typed or printed name of person signing) (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. Calm Guidance 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: date of service Service provided Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1533 Pleasant Grove Dr.
Dunedin, Fl. 34698 C/O Rhonda McLaughlin 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. Signature of the Person Filing Rhonda M Laughlin
Printed Name of the Person Filing