

P15000072651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

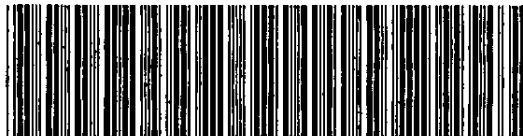
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

506
707 1780

Office Use Only



000311375650

04/09/18--01006--018 **25.00

04/24/18--01006--002 **10.00

FILED
18 APR 23 PM 4:29
FBI - ALBUQUERQUE

APR 23 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2018

AMANDA BOYCE
3711 NW 66 AVENUE
HOLLYWOOD, FL 33024

SUBJECT: CARE BUDDY'Z COMPANY
Ref. Number: P15000072651

~~We have received~~ your document for CARE BUDDY'Z COMPANY and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 618A00007363

RECEIVED
18 APR 23 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: P15 0000 72651

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

Please return all correspondence concerning this matter to the following:

AMANDA BOYCE

(Name of Contact Person)

CARE Buddy's COMPANY

(Firm/Company)

3711 NW 66 AVE

(Address)

HOLLYWOOD, FLORIDA 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Boyce

(Name of Contact Person)

at (954) 540-5510

(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

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:

CARE BUDDY'Z COMPANY

SECOND: The document number of the corporation (if known): P15000072651

THIRD: The file date of the articles of incorporation: 8-28-2015

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

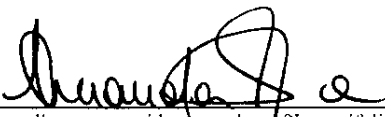
FIFTH: No debt of the corporation remains unpaid.

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.)

AMANDA BOYCE

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

FILED
18 APR 23 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CARE BUDDY'Z COMPANY

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:

Name

REASON

Date

Amount

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

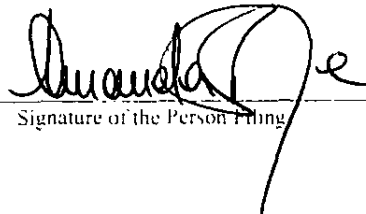
3711 NW 66 Avenue

Hollywood FL 33024

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.

AMANDA BOYCE

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