

P17000058492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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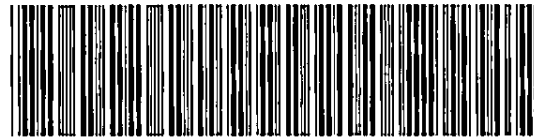
(Business Entity Name)

(Document Number)

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OCT 23 PM 3:53  
TALAHASSEE, FLORIDA

OCT 25 2017  
S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hopeful Baskets, Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P17000058492  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Amanda Nash  
\_\_\_\_\_

(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

1246 Tumbleweed Drive  
\_\_\_\_\_

(Address)

Orange Park, FL 32065  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa Harrington  
\_\_\_\_\_

(Name of Contact Person)

at ( 904-215-2256  
(Area Code) (Daytime Teleph

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 (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STR:**  
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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:  
Hopeful Baskets, Inc.

SECOND: The document number of the corporation (if known): P17000058492

THIRD: The date dissolution was authorized: 10/13/2017

Effective date of dissolution if applicable: \_\_\_\_\_  
(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)

Amanda Nash

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE