P93000061460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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04/27/06--01028--005 **35.00

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2006 APR 27 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss w/ not.

C. Coulliette MAY 02 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporation Dissolution

DOCUMENT NUMBER: P93000061460

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

Please return all correspondence concerning this matter to the following:

Martha Sarasua
(Name of Contact Person)

Southeastern Regional Center for Women PA
(Firm/Company)

6706 N 9th Ave Suite A4
(Address)

Pensacola FL 32504
(City/State and Zip Code)

For further information concerning this matter, please call:

Martha Sarasua at (850) 478 2339
(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 ☐ $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 607.1403, 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:
Southeastern Regional Center for Women, PA

SECOND: The document number of the corporation (if known): P93000061460

THIRD: The date dissolution was authorized: 4/1/06

Effective date of dissolution if applicable: 4/1/06
(no more than 90 days after dissolution file date)

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 of 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

Shareholders
(voting group)

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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)

Martha Sarasua
(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: Southeastern Regional Center for Women PA

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 of claimant and description of claim

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

Martha Sarasua
6706 N 9th Ave Suite A4
Pensacola FL 32504

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.

Martha Sarasua
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