P95000048969

(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:

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FILED
2019 MAY 14 PM 6:26

C. GOLDEN

MAY 15 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Secure Care-Illinois, Inc.

DOCUMENT NUMBER: P95000048969

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

Please return all correspondence concerning this matter to the following:

Brian D. Scott, Attorney at Law
(Name of Contact Person)

Barmann, Bohlen & Scott, P.C.
(Firm/Company)

200 E. Court Street, Suite 602
(Address)

Kankakee, IL 60901
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian D. Scott at (815)939-1133
(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

BARMANN
BOHLEN
& SCOTT P.C.
ATTORNEYS AT LAW

May 10, 2019

GLEN R. BARMANN
CHRISTOPHER W. BOHLEN
BRIAN D. SCOTT

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

Re: Secure Care-Illinois, Inc.
Doc. No.: P95000048969

Dear Sir/Madam:

Enclosed please find our completed Articles of Dissolution documents for the above-referenced corporation. We have also enclosed the cover letter that you sent back to us on May 2, 2019. We did not receive our check back with that letter so we are assuming that you kept our original $35.00 check.

Please send the copies of the file-stamped documents to the attention of the undersigned in the self-addressed stamped envelope provided.

Feel free to contact me if you need any further information to effectuate this request.

Sincerely,

BARMANN, BOHLEN & SCOTT, P.C.

By: _____
Brian D. Scott

BDS:mcs

Enclosure(s)
xc: Connie Ashline

RECEIVED
2019 MAY 14 AM 10:36

SUITE 602
200 EAST COURT STREET
KANKAKEE, IL 60901-3846

43 NORTH MAIN STREET
MANTENO, IL 60950-1534

TELEPHONE 815-939-1133
FAX 815-939-0994

WWW.KANKAKEELAW.COM

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2019

BRIAN D. SCOTT, ESQUIRE
200 E. COURT STREET
SUITE 602
KANKAKEE, IL 60901

SUBJECT: SECURE CARE-ILLINOIS, INC.
Ref. Number: P95000048969

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The notice of dissolution must be signed.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 819A00008737

ARTICLES OF DISSOLUTION

FILED
2019 MAY 14 PM 6

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:

Secure Care-Illinois, Inc.

SECOND: The document number of the corporation (if known): P95000048969

THIRD: The date dissolution was authorized: December 31, 2018

Effective date of dissolution if applicable: Decmeber 31, 2018
(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: Connie A. Ashline

(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)

Connie A. Ashline

(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: Secure Care-Illinois, Inc.

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:

The type of work done for the organization for which it seeks payment.

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

1755 Oak Tree Lane, Kankakee, IL 60901

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.

Connie A. Ashline
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