

P9700.0013777

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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PA. HUSSE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLA. FOR PROFIT DISSOLUTION

**DOCUMENT NUMBER:** P7000013777

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

Please return all correspondence concerning this matter to the following:

JULIA PEREZ

(Name of Contact Person)

Divine Paging, Inc.

(Firm/Company)

P.O. Box 6735

(Address)

Seffner, FL 33583

(City/State and Zip Code)

For further information concerning this matter, please call:

Julia Perez

(Name of Contact Person)

at (813) 299-4091

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status &  
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(Additional copy is enclosed) (Additional copy is enclosed)

OK \$5424

**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:

Divine Aging Inc.

SECOND: The document number of the corporation (if known): P97000013777

THIRD: The date dissolution was authorized: 01/31/2005

Effective date of dissolution if applicable: 01/31/2005  
(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

\_\_\_\_\_  
(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)

Julia M. Perez  
(Typed or printed name of person signing)

VP  
(Title of person signing)

Filing Fee: \$35

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