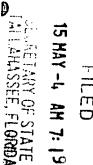
## P98600100586

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	_ Certificates of	Status	
Special Instructions to Filing Officer:			
		:	
Office Use Only			



700272341897

05/04/15--01023--022 \*\*35.00





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

nitted for filing.	
er to the following:	
rson)	
·)	
Code)	
call:	
(Area Code & Daytime Telephone Number)	
(Area Code & Daytime Telephone Number)	
Filing Fee & \$\sum \\$52.50 \text{ Filing Fee,} \\ I Copy  \text{Certificate of Status & Certified Copy} \\ d)  \text{(Additional copy is enclosed)}	
STREET ADDRESS:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Southern Goals, Inc.	of State:		
SECOND:	The document number of the corporation (if known):		_	
THIRD:	The file date of the articles of incorporation: $12/3/98$		_	
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.	outed		
SEVENTH:	Adoption of Dissolution (CHECK ONE)			
	A majority of the incorporators authorized the dissolution.	10		
	☐ A majority of the directors authorized the dissolution.	TALLAHASSEE	15 MAY -4	
Sign	nature: Brendo Simpson	)F ST, , FLO	AH 7	Ċ
Ü	(By a director, president or other officer - if directors or officers have not been selected, by an incin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	CO CONTRACTOR OF THE PARTY OF T	·ii C	_
	Brenda Simpson			
	(Typed or printed name of person signing)			
	Brenda Simpson			
	(Title of Person Signing)			

Filing Fee: \$35