

N 00000002167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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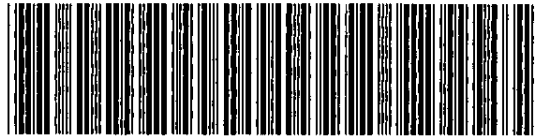
(Business Entity Name)

(Document Number)

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11-25-08

# Goodman Breen & Gibbs

ATTORNEYS AT LAW

Dorothy M. Breen\*  
Nancy J. Gibbs\*  
Kenneth D. Goodman\*

3838 Tamiami Trail North, Suite 300  
Naples, Florida 34103  
(239) 403-3000  
Fax (239) 403-0010

\*Board Certified Attorney in  
Wills, Trusts & Estates Law

November 19, 2008

***VIA FEDERAL EXPRESS***

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: **Morean Petersen Foundation, Inc.**  
**Document No. N00000002167**

Dear Sir or Madam:

Enclosed for the above-referenced non-profit corporation are the Articles of Dissolution and a check in the amount of \$52.50, representing the appropriate filing fee, Certificate of Status fee and Certified Copy fee (additional copy is enclosed), payable to the Florida Department of State. Please have the Articles filed expeditiously.

Please notify the undersigned upon completion of the above by returning the enclosed Articles, file stamped. If for any reason the above is not acceptable for filing, please advise the undersigned by telephone at (239) 403-3000.

Thank you for your assistance in this matter.

Sincerely,



Heather S. Birmingham  
Legal Assistant

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOREAN PETERSEN FOUNDATION, INC.

**DOCUMENT NUMBER:** N00000002167

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

Please return all correspondence concerning this matter to the following:

HEATHER S. BIRMINGHAM  
(Name of Contact Person)

GOODMAN BREEN & GIBBS  
(Firm/Company)

3838 TAMiami TRAIL NORTH, SUITE 300  
(Address)

NAPLES, FLORIDA 34103  
(City/State and Zip Code)

For further information concerning this matter, please call:

HEATHER S. BIRMINGHAM at ( 239 ) 403-3000  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

MOREAN PETERSEN FOUNDATION, INC.

SECOND: The document number of the corporation (if known): N00000002167

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

**SECTION I**

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

The date of the meeting of members at which the resolution to dissolve was adopted  
October 1, 2008. The number of votes cast by the  
members was sufficient for approval.

The resolution was adopted by written consent of the members and executed in  
accordance with section 617.0701, Florida Statutes.

**SECTION II**

**If the corporation has no members or members entitled to vote on the dissolution:**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was October 1,

The number of directors in office was \_\_\_\_\_ and the vote for resolution was  
\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

Signature Audrey M. Petersen

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

AUDREY M. PETERSEN

(Typed or printed name of the person signing)

DIRECTOR

(Title of person signing)

**FILING FEE: \$35**