

N090000008473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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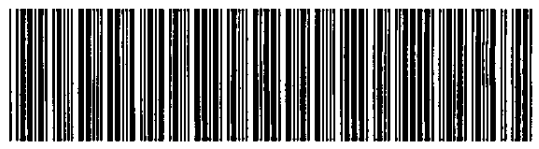
(Business Entity Name)

(Document Number)

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2016 DEC -9 AM 10:05  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

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DEC 12 2016  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** N09000008473

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

Please return all correspondence concerning this matter to the following:

John D. Middleton, Esq.  
\_\_\_\_\_  
(Name of Contact Person)  
  
Middleton & Middleton, PA  
\_\_\_\_\_  
(Firm/Company)  
  
304 State Road 26, Suite 1  
\_\_\_\_\_  
(Address)  
  
Melrose, FL 32666  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Middleton at ( 352 ) 475-1611  
\_\_\_\_\_  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 12, 2016

JOHN D. MIDDLETON  
MIDDLETON & MIDDLETON, PA  
304 SR 26 - STE. 1  
MELROSE, FL 32666

SUBJECT: GAINESVILLE ASSOCIATION OF DIABETES EDUCATORS, INC.  
Ref. Number: N09000008473

We have received your document for GAINESVILLE ASSOCIATION OF DIABETES EDUCATORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete only 1(one) section of the form regarding the adoption of the dissolution.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 516A00022000

RECEIVED  
16 DEC -9 PM 12:26  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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:
Gainesville Association of Diabetes Educators, Inc.

SECOND: The document number of the corporation (if known): NOXXXXXXXX-173

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 meeting of members at which the resolution to dissolve was adopted
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 7/20/2016

The number of directors in office was 3 and the vote for resolution was 3 for and against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: August 15, 2016

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.

Signature: Lisa Sliter

(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)

Lisa Sliter
(Typed or printed name of person signing)

President/Director
(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA