

NO9000008919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

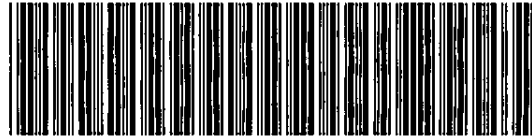
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 18 AM 9:25

FEB 19 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2016

BEAR WOZNICK / THE BEAR FINANCIAL GROUP INC
830 N ATLANTIC AVE APT B504
COCOA BEACH, FL 32931 US

SUBJECT: WAVE OF GOOD DEEDS FOUNDATION INC
Ref. Number: N09000008919

We have received your document for WAVE OF GOOD DEEDS FOUNDATION 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 316A00002582

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLVE LAUREL OF GOOD DEEDS FOUNDATION INC

DOCUMENT NUMBER: 0 NO 9 00 000 8919

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

Please return all correspondence concerning this matter to the following:

BEAR WOZNICK

(Name of Contact Person)

THE BEAR FINANCIAL GROUP INC.

(Firm/Company)

830 N ATLANTIC AVE # B504

(Address)

COCOA BEACH FL 32931

(City/State and Zip Code)

For further information concerning this matter, please call:

BEAR WOZNICK

(Name of Contact Person)

at (808)

(Area Code)

286 1662

(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)
- PREVIOUSLY SENT IN

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 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:

WAVE OF GOOD DEEDS FOUNDATION INC

SECOND: The document number of the corporation (if known): N 0900 000 8919

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

12/31/15. 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 _____.

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: DATE RECEIVED BY STATE
(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.

Signature: _____

(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)

Bear Wornick

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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