

N11000011321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 30 PM 4:20

C. LEWIS
JUL 16 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Saracem Foundation, INC

DOCUMENT NUMBER: N11000011321

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

Please return all correspondence concerning this matter to the following:

Avonelle Dare

(Name of Contact Person)

Sara-Cam Foundation, INC

(Firm/Company)

5688 Camel Ford Dr.

(Address)

Sarasota, FL 34233

(City/State and Zip Code)

For further information concerning this matter, please call:

Avonelle Dare

(Name of Contact Person)

at (941)

(Area Code)

993-3738

(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

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: Sara-Cam Foundation, Inc.

SECOND: The document number of the corporation (if known): N 11000011321

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

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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

6/20/14. 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. Signed resignations are on file, of all board members.

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: 6/26/14
(no more than 90 days after dissolution file date)

Signature: Avonelle L. Dare, Board Member
(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)

Avonelle L. Dare
(Typed or printed name of person signing)
Board Member
(Title of person signing)

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Sara-Cam Foundation, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.

Description of information that must be included in a claim:

Invoice

Reason

Justification in 30 words or less.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5688 Camelford Dr.

Sarasota, FL 34233

Attn: Avonelle Dave

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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Avonelle Dave
Printed Name of the Person Filing

Avonelle L. Dave
Signature of the Person Filing