



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000056708 3)))



H190000567083ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ADVENTIST HEALTH SYSTEM
Account Number : 120050000005
Phone : (407) 357-2333
Fax Number : (407) 357-2717

**DISSOLUTION OR WITHDRAWAL
HF MEMBERSHIP CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

RECEIVED

2019 FEB 19 AM 10:40
SECRETARY
TALLAHASSEE, FL

RECEIVED
2019 FEB 19 AM 10:40
SECRETARY
TALLAHASSEE, FL

2019 FEB 19 AM 10:40

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 20 2019

K. LEVIEUX

H190000567083

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

HF Membership Corporation

SECOND: The document number of the corporation (if known): N18000006769

THIRD: The file date of the articles of incorporation: 06/18/2018

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution (CHECK ONE)
(Note: Cannot be authorized by an incorporator if the corporation has directors)

- ☐ The dissolution was authorized by a majority of the directors.
OR
☒ The dissolution was authorized by an incorporator.
☐ The dissolution was authorized by a majority of the incorporators.

2019 FEB 19 A 11:50

FILED

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)

Tamara L. Trimble

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35

H190000567083