

To: The Florida Dept. of State
Subject: 002043.116731
Division of Corporations

From: Ashley Smith

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N94000004161

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPDIPECT AGENTS, INC.
Account Number : 110450600714
Phone : (850) 222-1173
Fax Number : (850) 224-1640 **002043.116731**

DISSOLUTION OR WITHDRAWAL
THE DANIEL AND MARY LOU SHEPARD EDUCATIONAL
FOUNDATI

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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: THE DANIEL AND MARY LOU SHEPARD EDUCATIONAL FOUNDATION, INC.
- SECOND:** The document number of the corporation (if known): N94000004161
- 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: **December 17, 2009**. 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 (Not Applicable)

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)

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FOURTH: Effective date of dissolution if applicable: December 31, 2009.
(no more than 90 days after dissolution file date)

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.)

Typed or printed name of the person signing: John Boden

Title of person signing: Secretary, Treasurer and Director

FILING FEE: \$35

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