

197000007174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

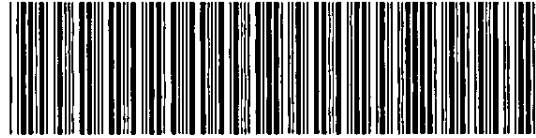
(Business Entity Name)

(Document Number)

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2014 MAR 11 PM 1:54 HAR 11 AM 11:47

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Inactive  
Diss*

MAR 12 2015

T. LEMIEUX



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 048152 4305389

AUTHORIZATION :

COST LIMIT : \$ 35

*Sybil Coleman*

ORDER DATE : March 11, 2014

ORDER TIME : 11:32 AM

ORDER NO. : 048152-005

CUSTOMER NO: 4305389

DOMESTIC FILINGS

NAME: SCHIAVONE FAMILY FOUNDATION,  
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

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: Schiavone Family Foundation, Inc.

SECOND: The document number of the corporation (if known): N97000007176

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 \_\_\_\_\_.

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: \_\_\_\_\_  
(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)

Christopher Schiavone

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

FILED  
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SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION