

702181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

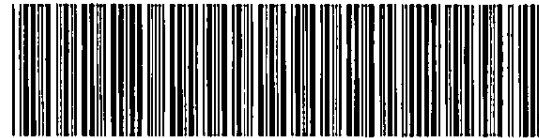
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200308949902

02/09/18--01021--004 **35.00

S TALLENT
FEB 09 2018

FILED

18 FEB -7 AM 10:16

V/D w/
notice



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2017

MARTHA STRALKO
BAYFRONT HEALTH PORT CHARLOTTE
2500 HARBOR BOULEVARD
PORT CHARLOTTE, FL 33952

SUBJECT: BAYFRONT HEALTH PORT CHARLOTTE VOLUNTEER
AUXILLARY INC.
Ref. Number: 702181

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ATTACHED ARTICLES OF DISSOLUTION AND RETURN IT TOGETHER WITH THE ENCLOSED CHECK TO ENSURE PROPER CREDIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Susan Tallent
Regulatory Specialist II

Letter Number: 517A00025112

RECEIVED
18 FEB -7 PM 12:28
REGISTRATION
DIVISION



To: Florida Department of State

P O Box 6327

Tallahassee, FL 32314

Subject: Dissolution of Bayfront Health Port Charlotte Auxiliary # **702181**

Our Non-profit organization was closed on Jan, 2017.

The officers have resigned. All volunteers are hospital volunteers only.

The checking account and credit cards have been closed.

Enclosed is the \$35.00 required to dissolve our organization

Sincerely

Martha Stralko

17 DEC 11 AM 11:01
FBI
FBI

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Bayfront Health Port Charlotte
Volunteer Auxiliary
inc.

DOCUMENT NUMBER: 702181

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

Please return all correspondence concerning this matter to the following:

Martha Stralko

(Name of Contact Person)

Bayfront Health Port Charlotte Volunteer Auxiliary inc.

(Firm/Company)

2500 Harbor Blvd. Port Charlotte, FL 33952

(Address)

Port Charlotte, FL 33952

(City/State and Zip Code)

For further information concerning this matter, please call:

Martha Stralko

(Name of Contact Person)

at (941)

(Area Code)

629-7479

(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:

Bayfront Health Port Charlotte Volunteer Auxiliary inc.

SECOND: The document number of the corporation (if known): 702181

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
January 2017. 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)

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)

MARHA STRALKO
(Typed or printed name of person signing)

TREASURER
(Title of person signing)

Filing Fee: \$35

FILED
18 FEB - 7 : AM 10:16
CLERK OF THE COURT
PORT CHARLOTTE, FLORIDA

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.

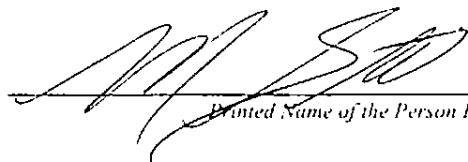
Name of Corporation: Bayfront Health Port Charlotte Volunteer Auxiliary inc.

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

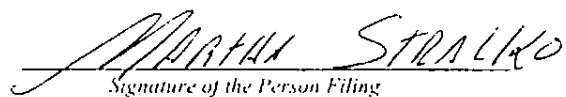
Description of information that must be included in a claim:

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

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.



Printed Name of the Person Filing



Signature of the Person Filing