

716541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

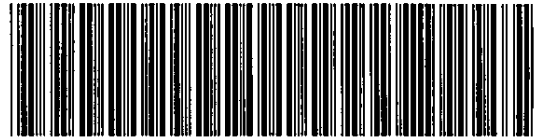
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/22/16--01013--022 **52.50

Effective
9-30-16

6/20/16
COS/KC

SECRETARY OF STATE
MILWAUKEE OFFICE

16 SEP 22 PM 1:55

APPROVED
AND
FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sarasota Memorial Hospital Auxiliary, Inc.

DOCUMENT NUMBER: #710541

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

Please return all correspondence concerning this matter to the following:

Daniel W. Trigg

(Name of Contact Person)

Sarasota Memorial Hospital c/o Volunteer Service Office

(Firm/Company)

1700 South Tamiami Trail

(Address)

Sarasota, FL 34239

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel W. Trigg

(Name of Contact Person)

at (941) 952-3866

(Area Code)

(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:
Sarasota Memorial Hospital Auxiliary, Inc.

SECOND: The document number of the corporation (if known): #710541

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 September 14, 2016.

The number of directors in office was 7 and the vote for resolution was 7 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: September 30, 2016
(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: Daniel W. Trigg
(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)

Daniel W. Trigg

(Typed or printed name of person signing)
Treasurer

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

16 SEP 22 PM 1:55

APPROVED
AND
FILED

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: Sarasota Memorial Hospital Auxiliary, Inc. #710541

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:

Claimant payment requests for unpaid invoices should include:

-Claimant name, address, and phone number

-detailed description of the claim including facts giving rise to the claim

-Date of delivery

-Original Invoice # and Date

-Amount of purchase

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

Claims for payment are requested to be filed prior to November 30, 2016 to:

Daniel W. Trigg, Treasurer

Sarasota Memorial Hospital Volunteer Services

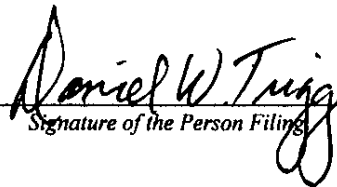
1700 Tamiami Trail

Sarasota, FL 34239

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.

Daniel W. Trigg, Treasurer

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Sarasota Memorial Hospital Auxiliary, Inc.

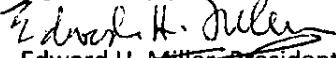
BOARD OF DIRECTORS RESOLUTION # 8

We the undersigned, being the entire Board of Directors of Sarasota Memorial Hospital Auxiliary, Inc. organized and existing under the laws of Florida, and having a principal place of business at 1700 South Tamiami Trail, Sarasota, Florida (the Auxiliary), hereby certify that the following is a true and correct copy of a resolution duly adopted at the Board meeting of the Auxiliary duly held and convened on September 14, 2016, at which all (100%) of the members of the Board of Directors voted the following resolution which shall not be modified, amended or revoked, and is currently in force and effect.

With the ratification of the Plan of Dissolution for the Auxiliary, It is resolved that the Sarasota Memorial Hospital Auxiliary, Inc. will cease operations on the close of business September 30, 2016. The Auxiliary Board of Directors has approved the preparation of the Final 990 Tax Return and the preparation of other documents to terminate the Auxiliary corporate existence.

Circle the L.S. as there is no corporate seal.

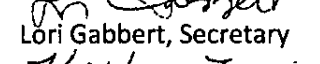
Signed: September 14, 2016



Edward H. Miller, President


Timothy Smith, First Vice President


Arlene Kalotek, Second Vice President


Lori Gabbert, Secretary


Kathy Frait, Corresponding Secretary


Dorothy Zeigler, Past President


Daniel Trigg, Treasurer

CERTIFICATE OF SECRETARY

The Secretary of the Board of Directors of the Auxiliary certifies that she is duly elected and qualified as Secretary of the Sarasota Memorial Hospital Auxiliary, Inc. and certifies that the above is a true and correct record of the resolution that was duly adopted by the Auxiliary Board of Directors on August 10, 2016.

Signed:


Lori Gabbert, Secretary