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Evenson Fraser

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Division of Corporations

Florida Department of State

Division of Corporations

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VPK
JUN 02 2017
R. WHITE

To:

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

From:

Account Name : EAVENSON, FRASER, LUNSFORD & IVAN, PLLC
Account Number : I20140000035
Phone : (904)567-1162
Fax Number : (904)567-1065

RECEIVED

17 JUN - 1 PM 3:23

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL THE DAVID A. STEIN FAMILY FOUNDATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

17 JUN - 1 PM 3:41

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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 David A. Stein Family Foundation, Inc.

SECOND: The document number of the corporation (if known): 719756

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 29, 2016

The number of directors in office was three (3) and the vote for resolution was three (3) for and zero (0) 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)

David A. Stein

(Typed or printed name of person signing)

Chairman

(Title of person signing)

Filing Fee: \$35

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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: The David A. Stein Family Foundation, 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:

All claims must be presented in writing and must contain: (1) sufficient information to inform the Corporation of

the identity of the claimant; (2) a reasonable description of the substance of the claim; (3) the date the claim accrued;

and (4) the amount of the claim.

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

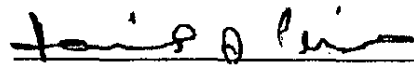
220 Ponte Vedra Park Drive, Suite 160

Ponte Vedra Beach, FL 32082-6616

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.

David A. Stein

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

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