# 732947

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
|                         |                   |             |
| (Do                     | cument Number)    |             |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
| •                       |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



400331918634

SELVELANT OF STATE

AAL 80 200 SOMBOEDER

### **COVER LETTER**

SUBJECT: DISSOLUTION OF FLORIDA NOT FOR PROFIT DOCUMENT NUMBER: 732947 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN KEY, ESO. (Name of Contact Person) KEY LAW OFFICES, P.A. (Firm/Company) 415 SAINT JOHNS AVE, STE 2 (Address) PALATKA FL 32177 (City/State and Zip Code) For further information concerning this matter, please call: JOHN KEY, ESO. (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed)

### **MAILING ADDRESS:**

TO: Amendment Section

Division of Corporations

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:  WELAKA AREA VOLUNTEER FIRE DEPARTMENT, INC.   |  |  |
|---------|---|--|--|
| SECOND: | The document number of the corporation (if known): 732947   |  |  |
| THIRD:  | Adoption of Dissolution (COMPLETE SECTION I OR II)  SECTION I  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  |  |  |
|         | . 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 $\frac{10}{}$ and the vote for resolution was $\frac{9}{}$ for and $\frac{0}{}$ 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)   |  |  |
|         | Robert Lee  |  |  |
|         | (Typed or printed name of person signing)   |  |  |
|         | President   |  |  |
|         | (Title of person signing)   |  |  |

Filing Fee: \$35