

733370

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PURCELL, FLANAGAN, HAY & GREENE, P.A.
Account Number : 071722000522
Phone : (904)355-0355
Fax Number : (904)355-0820

SECRETARY OF STATE
TALLAHASSEE, FL

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DISSOLUTION OR WITHDRAWAL
VISUAL AID VOLUNTEERS OF FLORIDA, INC.

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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:
VISUAL AID VOLUNTEERS OF FLORIDA, INC.

SECOND: The document number of the corporation (if known): 733370

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: December 31, 2024
(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: Frances Lynette Taylor
(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)

Frances Lynette Taylor

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FL

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: VISUAL AID VOLUNTEERS OF FLORIDA, 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:

a) Name, address and telephone number of the claimant; (b) Amount of claim, including, if applicable, principal, interest, penalties or other charges; (c) Statement containing a reasonable description of, and the basis for, the claim; (d) Copy of any and all writings evidencing the claim or upon which the claim is based; and (e) Statement of whether or not the claimant has other claims against the Corporation, or its officers, directors, agents or representatives, in their capacities as such. The Corporation is the subject of a dissolution. A claim must be in writing.

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

1423 Marlee Road, Switzerland, Florida 32259

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TALLAHASSEE, FL

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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.

Frances Lynnette Taylor

Printed Name of the Person Filing

Frances Lynnette Taylor
Signature of the Person Filing

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