

143707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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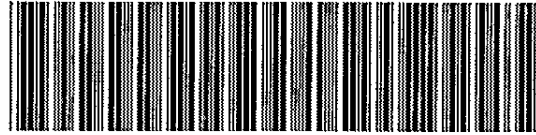
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THA
VOL 1015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

A.A.R.P.
Dissolution of Calhoun County 30%

DOCUMENT NUMBER:

Unknown

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

Please return all correspondence concerning this matter to the following:

Alice Williford

(Name of Contact Person)

past Chapter Secretary

(Firm/Company)

2019877.E Marie Ave,

(Address)

Blountstown, FL 32424

(City/State and Zip Code)

For further information concerning this matter, please call:

Alice Williford

(Name of Contact Person)

at *(850) 674-8357*

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 617.1401, 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:
Calhoun County Chapter #3006 of AARP, Inc.
- SECOND: The document number of the corporation (if known): 7243107
- THIRD: The file date of the articles of incorporation: 7-25-78
- FOURTH: The corporation has not commenced to conduct its affairs.
- FIFTH: No debts of the corporation remains unpaid.
- SIXTH: Adoption of Dissolution (CHECK ONE)
(Note: Cannot be authorized by an incorporator if the corporation has directors)
- ☒ The dissolution was authorized by a majority of the directors:
OR
- ☐ The dissolution was authorized by an incorporator.
- ☐ The dissolution was authorized by a majority of the incorporators.

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TALLAHASSEE, FLORIDA

Signature: Alice Williford

(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)

Alice Williford
(Typed or printed name of person signing)

past Chapter Secretary
(Title of person signing)

Filing Fee: \$35

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 currently filed with the Florida Department of State:

Colhoun County C # 30046 OF AARP, Inc

SECOND: The document number of the co

107

THIRD: Adoption of Dissolution
(Complete Section I or II)

Frank

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted

no

(CHECK ONE)

- ☒ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 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:

8-30-06
(no more than 90 days after dissolution file date)

Signature

Alice Williford

(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.)

ALICE WILLIFORD

(Typed or printed name of the person signing)

Past Chapter Secretary

(Title of person signing)

FILING FEE: \$35

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TALLAHASSEE, FLORIDA