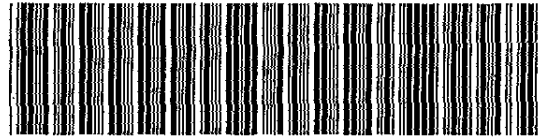


746424



200068039002

ARTHRITIS
ASSOCIATION
OF INDIAN RIVER COUNTY, INC

VERO BEACH, FL 32981

P.O. BOX 2036

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

03/20/06--01052--022 *452.50

06 MAR 20 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED 9

FL Diss 3-20-06
*Court copy on eff
*Cubal see 3-31-06

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:

Arthritis Association of Indian River County, Inc.

SECOND: The document number of the corporation (if known): 746424

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

SECTION I

If the corporation has members entitled to vote:

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

(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 12.15.06

The number of directors in office was 6 and the vote for resolution was

6 for and 0 against. (must be a majority vote)

FILED
06 MAR 20 AM 9:56
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: 03 - 31.06
(no more than 90 days after dissolution file date)

Signature Carolyn L. Peeler
(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.)

Carolyn L. Peeler
(Typed or printed name of the person signing)

President, Arthritis Association of
(Title of person signing)
Indian River Inc

FILING FEE: \$35