

748518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

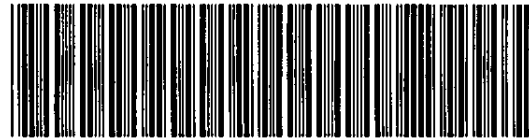
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/10/14--01026--026 **52.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 FEB -4 PM 4:05

Dissolution

FEB 10 2014
T. CARTER

RECEIVED

14 FEB -3 PM 4:02

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
JAN 17 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOSEPH AMATO
WESTERN PALM BEACH COUNTY MENTAL HEALTH
C/O 9774 BOWLINE DRIVE, UNIT 201
WEST PALM BEACH, FL 33411 US

SUBJECT: WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC,
INC.
Ref. Number: 748518

We have received your document for WESTERN PALM BEACH COUNTY
MENTAL HEALTH CLINIC, INC. and your check(s) totaling \$52.50. However, the
enclosed document has not been filed and is being returned for the following
correction(s):

Please complete only one section of the Articles of Dissolution. Either section I
OR section II should be complete not both.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 214A00001216

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: 748518

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

Please return all correspondence concerning this matter to the following:

Joseph Amato

(Name of Contact Person)

Western Palm Beach County Mental Health Clinic, Inc.

(Firm/Company)

c/o 9774 Bowline Drive unit 201

(Address)

West Palm Beach, FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Amato

(Name of Contact Person)

at (561) 2281047

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input 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 617.1403, 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:

Western Palm Beach County Mental Health Clinic, INC.

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

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 12/10/2013.

The number of directors in office was 3 and the vote for resolution was 3 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____
(no more than 90 days after dissolution file date)

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)

Joseph Amato

(Typed or printed name of person signing)

Treasurer and Agent of Record

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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