

Florida Department of State
Division of Corporations
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RE-SUBMIT

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please retain original filing date of submission 6/1

**DISSOLUTION OR WITHDRAWAL
ASSOCIATION FOR PSYCHOLOGICAL TYPE
INTERNATIONAL, IN**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

Attn: Irene

Albritton

Art DISS

JUN 03 2016

I ALBRITTON

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Association for Psychological Type International, Inc.

DOCUMENT NUMBER: 753418

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

Please return all correspondence concerning this matter to the following:

Brandi Grew

(Name of Contact Person)

Association for Psychological Type International, Inc.

(Firm/Company)

1450 Western Avenue Suite 101

(Address)

Albany NY 12203

(City/State and Zip Code)

For further information concerning this matter, please call:

Brandi Grew

(Name of Contact Person)

at (518)

(Area Code)

320-7416

(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

6/2/2016 3:57:47 PM From: To: 8506176380(2/4)
850-617-6381 6/2/2016 9:04:27 AM PAGE 1/001 Fax Server



June 2, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations
ASSOCIATION FOR PSYCHOLOGICAL TYPE INTERNATIONAL, INC.
2415 WESTWOOD AVENUE, SUITE B
RICHMOND, VA 23230

SUBJECT: ASSOCIATION FOR PSYCHOLOGICAL TYPE INTERNATIONAL, INC.
REF: 753418

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to list the date the dissolution was adopted.

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

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H16000134300
Letter Number: 716A00011486

RE-SUBMIT
Please retain original filing
date of submission 6/1

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:
ASSOCIATION FOR PSYCHOLOGICAL TYPE INTERNATIONAL, INC.

SECOND: The document number of the corporation (if known): 753418

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

August 20, 2015

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: _____

(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)

AMY L. ACKER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35