

755043

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Art Dis
@ 6/11/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AUTISTIC SERVICES, INC.

DOCUMENT NUMBER: 755043

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

Please return all correspondence concerning this matter to the following:

LOUIS J. CARBONE, ESQ.

(Name of Contact Person)

LAW OFFICES OF LOUIS J. CARBONE, P.A.

(Firm/Company)

90 SE 4TH AVENUE SUITE 1

(Address)

DELRAY BEACH, FLORIDA 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS J. CARBONE, ESQ

(Name of Contact Person)

at (**561**) **272-0282**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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:

AUTISTIC SERVICES, INC.

SECOND: The document number of the corporation (if known): 755043

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 the 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.

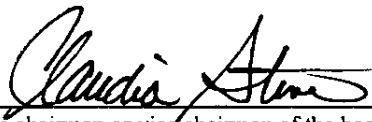
The date of adoption of the resolution by the board of directors was 12/31/2009.

The number of directors in office was 5 and the vote for resolution was

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

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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.)

CLAUDIA STINE

(Typed or printed name of the person signing)

Acting Board Director/Vice Chair

(Title of person signing)

FILING FEE: \$35

**PLAN OF DISSOLUTION AND DISTRIBUTION OF ASSETS
OF
AUTISTIC SERVICES, INC.**

A FLORIDA NOT FOR PROFIT CORPORATION

THIS PLAN OF DISSOLUTION AND DISTRIBUTION OF ASSETS (the "Plan") is made effective as of December 31, 2009 and is intended to accomplish the dissolution, winding-up and final distribution of assets of AUTISTIC SERVICES, INC, a Florida Not For Profit Corporation in accordance with the Florida Not For Profit Corporation Act as follows:

1. Effective December 31, 2009, the Board of Directors of AUTISTIC SERVICES, INC, (the "Board of Directors") has authorized the dissolution of AUTISTIC SERVICES, INC and the filing of Articles of Dissolution of AUTISTIC SERVICES, INC, pursuant to Section 671.1403 Florida Statutes and in accordance with such dissolution has adopted this Plan at a meeting of the Board of Directors by a majority vote of the Board of Directors then in office pursuant to Section 671.1406(2) Florida Statutes;
2. This Plan is intended to accomplish the dissolution, winding-up of and distribution of the assets ("Assets") of AUTISTIC SERVICES, INC. As of the effective date of dissolution of the corporation the remaining assets of the corporation consist of a banking account held in its name;
3. All liabilities and obligations of the corporation are to be paid and discharged from funds in such bank account or, as determined by the Board of Directors, the corporation shall make reasonable provision to pay, all claims, liabilities and obligations of the corporation including all unascertained, contingent, conditional or unmatured claims known to the corporation and all claims which are known to corporation but for which the identity of the claimant is unknown.
4. Any remaining Assets of the corporation and any Assets received and held by the corporation subject to limitations permitting their use only for charitable, religious, eleemosynary, benevolent, educational, or similar purposes, but not held upon a condition requiring return, transfer, or conveyance by reason of the dissolution, shall be transferred distributed or conveyed to the following domestic not for profit corporations or organizations engaged in activities substantially similar to those of the dissolving corporation,

Autism Society Broward County Chapter PO Box 450476 Sunrise FL 33345-0476

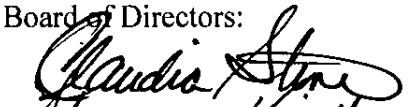
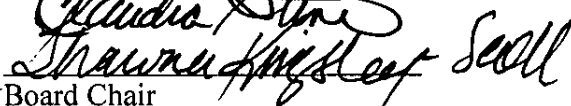
5. Any assets held by the corporation upon condition requiring return, transfer, or conveyance, which condition occurs by reason of the dissolution, be returned, transferred, or conveyed in accordance with such requirements;

6. After the Adoption Date, the officers of corporation shall, at such time as the Board of Directors, in its absolute discretion, deems necessary, appropriate or desirable, shall file with the Secretary of State of the State of Florida a Certificate of Dissolution in accordance with the Florida Not For Profit Corporation Act. After the filing of the Certificate of Dissolution, the corporation shall not engage in any business activities except to the extent necessary to preserve the value of its assets, wind-up its business affairs and distribute its assets in accordance with this Plan;
7. A copy of this Plan of distribution of assets, as authenticated by an officer of the corporation and containing the officer's certificate of compliance with the requirements of subsection (1) or subsection (2) of Section 617.1406, Florida Statutes will be filed with the Florida Department of State.

The foregoing Plan has been adopted by the Board of Directors of AUTISTIC SERVICES, INC. by a majority vote of the directors then in office effective December 31, 2009


Acting Secretary
AUTISTIC SERVICES, INC

Board of Directors:



Board Chair

OFFICER'S CERTIFICATE OF COMPLIANCE

The undersigned, as acting secretary/officer of **AUTISTIC SERVICES, INC.**, a Florida Not For Profit Corporation in accordance with the Florida Not For Profit Corporation Act hereby certifies that the attached **PLAN OF DISSOLUTION AND DISTRIBUTION OF ASSETS** of **AUTISTIC SERVICES, INC.**, was adopted at a meeting of the Board of Directors by a majority vote of the Directors then in office effective as of December 31, 2009.


Acting Secretary
AUTISTIC SERVICES, INC