

755354

(Requestor's Name)

(Address)

(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



600266157856

11/17/14--01023--016 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 NOV 17 AM 8:42

C. Lewis  
11-29-14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** 755354

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

Please return all correspondence concerning this matter to the following:

**Erum S. Kistemaker, Esq.**

(Name of Contact Person)

**Kistemaker Business Law Group**

(Firm/Company)

**1651 N. Clyde Morris Blvd., Suite 1**

(Address)

**Daytona Beach, FL 32117**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Reginald Williams**

(Name of Contact Person)

at ( **386** ) **801-3567**

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:  
The Children's Advocacy Center of Volusia & Flagler Counties, inc.

SECOND: The document number of the corporation (if known): 755354

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 June 17, 2014.

The number of directors in office was 9 and the vote for resolution was 7 for and none (0) against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: November 11, 2014

(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)

**Reginald Williams**

(Typed or printed name of person signing)

**President and CEO**

(Title of person signing)

**Filing Fee: \$35**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 NOV 17 AM 8:42

## Notice of Corporate Dissolution

*This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

Name of Corporation: The Children's Advocacy Center of Volusia & Flagler Counties, Inc.

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.*

*Description of information that must be included in a claim:*

Full name of corporation; full names and addresses of person(s) or entities bringing a claim;  
date that claim arose; date(s) of any services provided; nature of services provided;  
date any contract was signed; who signed and/or authorized the contract;  
amount claimed owed; any damages, interest, or penalties being sought;  
location where claim(s) arose.

*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

The Children's Advocacy Center of Volusia & Flagler Counties, Inc.

Attn: Reginald Williams

P.O. Box 2836

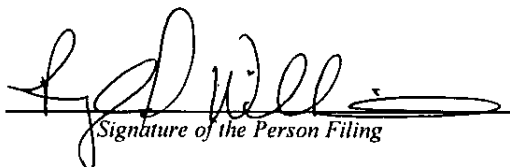
DeLand, FL 32721-2836

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 NOV 17 AM 8:42

*A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.*

Reginald Williams

*Printed Name of the Person Filing*

  
*Signature of the Person Filing*

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**