

769056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

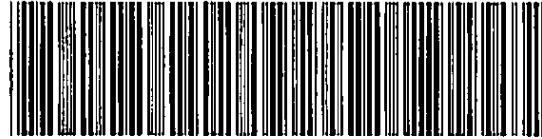
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Certified Copies _____

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DEC 8 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2017

VALERIE SCHREIBMAN
EXECUTIVE MANAGERS ASSOCIATION, INC. IN
1121 S. MILITARY TRAIL, #297
DEERFIELD BEACH, FL 33442

SUBJECT: EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STATE OF
FLORIDA
Ref. Number: 769080

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE SECTION 1 OR SECTION 2 ONLY.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 117A00023667

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: 769080

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

Please return all correspondence concerning this matter to the following:

Valerie Schreibman

(Name of Contact Person)

EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STATE OF FLORIDA

(Firm/Company)

1121 S Military Trail, #297

(Address)

Deerfield Beach, FL 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Schreibman

at (561) _____

859-9531

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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) |
|--|---|---|---|
- PAID & ON
FILE

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:
EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STATE OF FLORIDA

SECOND: The document number of the corporation (if known): 769080

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 November 7th, 2017

The number of directors in office was NINE (9) and the vote for resolution was FIVE (5) for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 12/31/17
(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)

Valerie Schreibman

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE FLORIDA