

N000000003994

\_\_\_\_\_  
(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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07/30/15--01016--007 \*\*49.75

2015 JUL 30 AM 11:34  
CLERK OF COURT  
DIVISION OF REVENUE

EFFECTIVE DATE

9.30.15

Amr Diss/cus  
w/ notice

JUL 31 2015

I ALBRITTON

**COVER LETTER**

PAYABLE TO  
FL DEPT OF STATE

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF THE SENIOR LIFE FOUNDATION, INC.

**DOCUMENT NUMBER:** NO00000003994

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

Please return all correspondence concerning this matter to the following:

MARI TERBRUGGEN, CEO/PRESIDENT  
(Name of Contact Person)

THE SENIOR LIFE FOUNDATION, INC.  
(Firm/Company)

9745 HOOD ROAD  
(Address)

JACKSONVILLE, FL. 32257  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARI TERBRUGGEN at ( 904 ) 268-6649  
(Name of Contact Person) (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

EFFECTIVE DATE

9.30.15

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 Senior Life Foundation, Inc.

SECOND: The document number of the corporation (if known): N00000003994

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 Feb. 18, 2015.

The number of directors in office was 7 and the vote for resolution was 7 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 9/30/2015  
(no more than 90 days after dissolution file date)

Signature: \_\_\_\_\_

Mari Terbrueggen

(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)

Mari Terbrueggen

(Typed or printed name of person signing)

CEO and President

(Title of person signing)

Filing Fee: \$35

FILED  
JUL 30 AM 11:34  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

## 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 Senior Life Foundation, 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:

Claims must include: reason for claim and invoice  
showing the name of business or individual (claimant),  
complete mailing address, phone number, email  
address, date of service or purchase, complete description  
of service or purchase and cost.

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

Mari Terbrueggen, CEO/PRESIDENT  
9745 Hood Rd.  
Jacksonville, FL 32257

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.

Mari Terbrueggen, CEO  
Printed Name of the Person Filing

Mari Terbrueggen, CEO/PRESIDENT  
Signature of the Person Filing