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Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6388

From: Account Name : KORN & ZEMER, P.A.  
Account Number : 128828003836  
Phone : (904)289-0885  
Fax Number : (904)289-2981

DISSOLUTION OR WITHDRAWAL  
GATEWAY COMMUNITY SERVICES FOUNDATION, INC.

Certificate of Status	0
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Page Count	03
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February 11, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GATEWAY COMMUNITY SERVICES FOUNDATION, INC.  
555 STOCKTON STREET  
JACKSONVILLE, FL 32204

SUBJECT: GATEWAY COMMUNITY SERVICES FOUNDATION, INC.  
REF: N00000007013

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

PLEASE ONLY FILL OUT ONE OF THE TWO SECTIONS.

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.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H22000054683  
Letter Number: 822A00003456

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gateway Community Services Foundation, Inc.

**DOCUMENT NUMBER:** N00000007013

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

Please return all correspondence concerning this matter to the following:

Heather Crooker

(Name of Contact Person)

Korn & Zehmer, P.A.

(Firm/Company)

822 A1A North Suite 315

(Address)

Ponte Vedra Beach, Florida 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Crooker

(Name of Contact Person)

at ( 904 )

(Area Code)

280-0005 x232

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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:  
Gateway Community Services Foundation, Inc.

SECOND: The document number of the corporation (if known): N00000007013

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 12/09/2021

The number of directors in office was 3 and the vote for resolution was 3 for and 0 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: Zoe Ann Boyle

(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)

Zoe Ann Boyle

(Typed or printed name of person signing)

Board Chair

(Title of person signing)

Filing Fee: \$35

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