

N000000008406

\_\_\_\_\_  
(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



700271804577

*Just*

04/20/15--01017--007 \*\*35.00

FILED  
2016 APR 20 PM 2:59  
TALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT

*4 P 12/15*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Voluntary Dissolution of Corporation (Family Trust)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

JAMES F. BROWN

(Name of Contact Person)

Jim and Kathy Brown Family Foundation

(Firm/Company)

272 W. Key Palm Road

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES F. BROWN

(Name of Contact Person)

at ( 561 )

(Area Code)

756-6778

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2015

James F. Brown  
272 W. Key Palm Rd.  
Boca Raton, FL 33432

SUBJECT: JIM AND KATHY BROWN FAMILY FOUNDATION, INC.  
Ref. Number: N00000008406

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

If you wish to voluntarily dissolve the corporation please fill out the enclosed dissolution form and submit it along with a \$35.00 filing fee.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 815A00006967

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: 2015 APR 20 PM 2:59

FIRST: The name of the corporation as currently filed with the Florida Department of State, SECRETARY OF STATE  
FLORIDA  
Jim and Kathy Brown Family Foundation, Inc.

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

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

Nov 15, 2014. The number of votes cast by the members was sufficient for approval. (Attached)

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

**SECTION II**

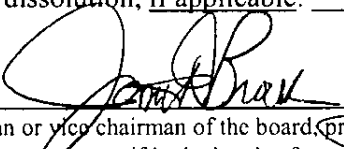
**If the corporation has no members or members entitled to vote on the dissolution:**

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 \_\_\_\_\_.

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

FOURTH Effective date of dissolution, if applicable: December 31 2015  
(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)

JAMES F. BROWN  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35

## 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: Jim and Kathy Brown Family Foundation

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:

---

---

---

---

---

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

272 W. Key Palm Rd.  
Boca Raton, FL 33432  

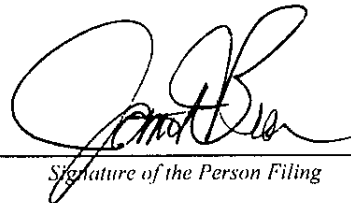
---

---

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.

JAMES F. BROWN

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**