NOI 000 000 286

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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OCT OB 2021 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: VHA Community Founda	ation, Inc.	
DOCUMENT NUMBER: N0100	00000286	
The enclosed Articles of Dissolution	and fee are submitted for filing.	
Please return all correspondence con-	cerning this matter to the following:	
	Frederick J. Oehling	
	(Name of Contact Person)	
VI	A Community Foundation, Inc.	
	(Firm/Company)	
	1104 Main Street	
	(Address)	
	The Villages, FL 32159	
((City/State and Zip Code)	
For further information concerning the	nis matter, please call:	
Frederick J. Ochling	at () 751-5200	
(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 Statu	Status & Certified Copy (Additional copy is enclosed) Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



September 11, 2021

FREDERICK J. OEHLING 1104 MAIN STREET THE VILLAGES, FL 32159

SUBJECT: VHA COMMUNITY FOUNDATION, INC.

Ref. Number: N01000000286

We have received your document for VHA COMMUNITY FOUNDATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only 1(one) section regarding the adoption.

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.

Letter Number: 621A00021921

Irene Albritton Regulatory Specialist III

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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: VHA Community Foundation, Inc.		
SECOND:	The document number of the corporation (if known): N01000000286		
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE)		
	SECTION 1 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		
	May 4, 2021 . The number of votes cast by the members was sufficient for approval.		
with	☐ The resolution was adopted by written consent of the members and executed in accordance		
	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:May 31, 2021		
	(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)		
	Frederick J. Ochling		
	(Typed or printed name of person signing)		
	Treasurer		
	(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: _____ VHA Community 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: Claimant Name, Address, Phone Number, E-mail Address Copy of invoice or similar document detailing the purpose of the claim and the claim amount. Name of VHA Community Foundation, Inc. individual authorizing the expenditure included in the claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1104 Main Street The Villages, FL 32159 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. Frederick J. Oehling Printed Name of the Person Filing