NO100000 385

(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:

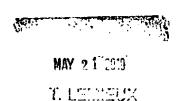
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800329125968

05/10/19--01023--013 **43.75





COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ACCESS FOR THE DISABLED, INC.	·
DOCUMENT NUMBER: N01000000385	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
PATRICIA L KENNEDY	
(Name of Cor	ntact Person)
ACCESS FOR THE DISABLED, INC.	
(Firm/Co	mpany)
9205 NW 80TH STREET	
(Addre	ess)
TAMARAC, FLORIDA 33321-1404	
(City/State and	1 Zip Code)
For further information concerning this matter, p	lease call:
PATRICIA L KENNEDY	954 663-2253 at ()
(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 & □ \$52.50 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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building

ARTICLES OF DISSOLUTION

n	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following
Pursuant to Articles of I	
/titleles of i	2019 HAY In A 2- 2-
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	ACCESS FOR THE DISABLED, INC
SECOND:	The document number of the corporation (if known): N01000000385
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 wasAPRIL 30, 2019
	The number of directors in office was $\frac{3}{}$ and the vote for resolution was $\frac{3}{}$ for and $\frac{0}{}$ 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:
	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)
	PATRICIA L KENNEDY
	(Typed or printed name of person signing)
	SECRETARY-TREASURER
	(Title of person signing)

Access for the DisAbled, Inc. 9205 NW 80th Street, Tamarac, FL 33321-1404

To Whom It May Concern,

This is to make it known that, as a result of our recent board meeting held on 4/30/19, the 501-(C) 3 organization known as Access for the DisAbled, Inc., (EIN #: 52-2310661), does hereby declare itself to be Voluntarily INACTIVE. The decision made by a unanimous vote of the Board of Directors overseeing Access for the DisAbled, Inc. EIN # 52-2310661), shall be officially in effect as of May 3, 2019.

We have closed our bank accounts, have discontinued our programs/projects and have donated the remaining funds in our bank accounts \$_1, \&2\\\.80___\to\$ CommonUnity, Inc., of Deerfield Beach, Florida; another 501(C)3 organization with a mission statement similar to that of Access for the DisAbled, Inc. Access for the DisAbled, Inc, will hereby ceases all operations and involvements on 5/6/2019 by signature of our board:

Dennis Haynes: Date: 4-30-2019

Sari Fields: 11 10/19 Date: 1/30/19

Patricia L. Kennedy: Patricia L. Kennedy: Patricia L. Mennedy: Patricia L. Mennedy: 4-30-2019

Cc: Internal Revenue Service

Florida Department of State

Florida Department of Agriculture and Consumer Services

0000244281605

TODAY'S DATE

May 08, 2019

Account Closeout Receipt

ACCESS FOR THE DISABLED INC

9205 NW 80TH ST

TAMARAC, FL 33321-1404

Transaction Description Client Request - account closeout

Expected Processing Date 05/08/2019

Account Balance	\$1,824.80
+ Accrued Interest	\$0.00
- Early Closing Fee	\$0.00
- Pending Service Charges (business accounts only)	\$0.00

Debit Amount	\$1,824.80
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BB&T Representative NAFISAH AZIZ 75498

Branch

50150

Phone (954) 721-0248

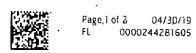
^{*}If you have drafts debited from this account, you must notify the company to stop the drafts, or provide them with another account number to debit.

^{*}If you have direct deposits, you must notify the sender to discontinue the deposits to this account.

^{*}If you have BB&T OnLine Banking, and have no other eligible accounts, your BB&T OnLine Banking account will be deleted. If you have online bill payments set up, they will be deleted and cannot be retrieved.

^{*}Please destroy all blank checks and deposit slips you have for this account.

^{*}Final account statement will be mailed to the mailing address on file for the account.





887-13-01-00 50149 0 C 001 30 50 004 ACCESS FOR THE DISABLED INC 9205 NW 80TH ST TAMARAC FL 33321-1404

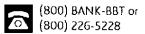
Your account statement

For 04/30/2019

Contact us



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BB&T, Member FDIC. Credit cards are issued by Branch Banking and Trust and are subject to credit approval.

COMMUNITY CHECKING 0000244281605

Account summary

Your previous balance as of 03/29/2019	\$1,824.80
Checks	- 0.00
Other withdrawals, debits and service charges	- 0.00
Deposits, credits and interest	+ 0.00
Your new balance as of 04/30/2019	= \$1,824.80

ARTICLES OF DISSOLUTION

	ARTICLES OF DISSOLUTION
Pursuant to Articles of I	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State: ACCESS FOR THE DISABLED, INC
SECOND:	The document number of the corporation (if known):
THIRD:	Adoption of Dissolution (COMPLETE SECTION LOR II)
	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
	approval. The number of votes cast by the members was sufficient for
	☐ 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 $\frac{3}{}$ and the vote for resolution was $\frac{3}{}$ for and $\frac{0}{}$ 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: (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)
	PATRICIA L KENNEDY
	(Typed or printed name of person signing)
	SECRETARY-TREASURER
	(Title of person signing)

Filing Fee: \$35