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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

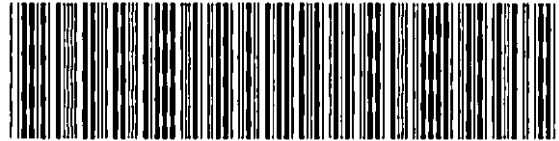
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2024 JUN 12
JUL 10 2024

Office Use Only



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06/12/24--01004--006 **35.00

2024 JUN 12 PM 3:31

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Therapy Dog Foundation, Inc.

DOCUMENT NUMBER: N01000001156

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

Please return all correspondence concerning this matter to the following:

Jeri Poller
(Name of Contact Person)

Therapy Dog Foundation, Inc.
(Firm/Company)

6013 NW 23rd Ave
(Address)

Boca Raton, FL 33496
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeri Poller at (561) 350-0889
(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
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:

Therapy Dog Foundation, Inc.

SECOND: The document number of the corporation (if known): N01000001156

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 April 3, 2024.

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: June 1, 2024

(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)

Jeri Poller

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

Filing Fee: \$35

2024 JUN 12 PM 3:31

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: Therapy Dog 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:

Name, Mailing Address, Email Address, Telephone Contact information, Nature of Claim,

Date of Event giving rise to the Claim, Person alleged to be responsible for the Event, date of prior notice of Claim

actually received by Therapy Dog Foundation, Amount of Claim, supporting documentation (written or electronic)

to support Claim, Date debt incurred, person authorizing debt, description of goods, services or labor

performed or other nature of debt.

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

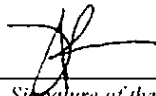
6013 NW 23rd Ave

Boca Raton, FL 33496

2021 JUN 12 PM 3:31

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.

Jeri Poller
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