N)100001953

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(F	Requestor's Name)	
المرابعة المستحد المست	David Moore 767 Mills Estate Pl Chuluota FL 32766	
(/	Address)	
	5: 10: 15: 15!	10
(C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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	Document Number)	
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PS \$ /23/06

The Ashley Moore Fund, Inc.

767 Mills Estate Place Chuluota, Fla. 32766

To: Amendment Section Division of Corporations

Subject: Dissolution of the Ashley Moore Fund, Inc.

Document Number: N01000001953

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Contact Person: David Moore

Firm: AM Nursing Care, Inc.

Address: 767 Mills Estate Place

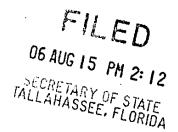
City/State/Zip: Chuluota, Fla. 32766

For further info, please contact: David Moore at 305-726-6310.

Til Moore

Enclosed is a check for the following amount, \$52.50 Filing Fee, Certificate of Status and Certified Copy.

Thank you,



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: he Ashley MOORE Fund, Inc. The document number of the corporation (if known): \(\begin{align*} \textit{NO1000001953} \end{align*} SECOND: THIRD: Adoption of Dissolution (Complete Section I or II) **SECTION I** If the corporation has members entitled to vote: \mathcal{N}/\mathcal{A} The date of the meeting of members at which the resolution to dissolve was adopted (CHECK ONE) The number of votes cast for dissolution was sufficient for approval. ☐ The resolution was adopted by written consent and executed in accordance with 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 3-1-2006. The number of directors in office was and the vote for resolution was

for and _____ of against. (must be a majority vote)

FOURTH:	Effective date of dissolution if applicable: 3-1-2006 (if applicable) (no more than 90 days after dissolution life 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.)
	Oavid Moore Jr. (Typed or printed name of the person signing) President (Title of person signing)

FILING FEE: \$35