

ND1000002528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

diss
C.COULLIETTE

MAY 13 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Halberstein Family Supporting Foundation Inc

DOCUMENT NUMBER: N01000002528

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

Please return all correspondence concerning this matter to the following:

Stephen C. Lande

(Name of Contact Person)

Greater Miami Jewish Federation

(Firm/Company)

4200 Biscayne Blvd.

(Address)

Miami, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen C. Lande

(Name of Contact Person)

at (786) 866-8623

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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



May 6, 2010

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Halberstein Family Supporting Foundation Inc

Dear Madam or Sir:

Enclosed please find the following documentation in connection with the Halberstein Family Supporting Foundation:

1. Cover Letter from the documents section of your website;
2. Two (2) copies of the Articles of Dissolution; and
3. Check no. 22964 made payable to the Florida Department of State of in the amount of \$52.50.

Please note that this check represents payment for the filing of the Articles of Dissolution with the State of Florida and a certified copy. Once completed, kindly forward the certified copy to me at the address listed below.

Thank you for your prompt attention to this matter.

Sincerely,

Stephen C. Lande
Foundation Director

Enclosures

THE PLACE TO CREATE YOUR LASTING JEWISH LEGACY

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TALLAHASSEE, FLORIDA

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:

Halberstein Family Supporting Foundation Inc

SECOND: The document number of the corporation (if known): N01000002528

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 the 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 _____.

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: _____
(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.)

Stephen C. Lande
(Typed or printed name of the person signing)

Director
(Title of person signing)

FILING FEE: \$35