

NO10000003689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

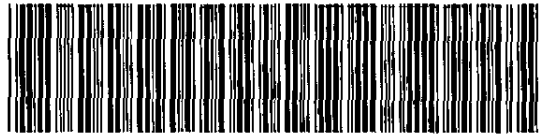
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300058280713

03-08-05--01002--0004 **35.00

diso

FILED
05 SEP -7 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 SEP -7 PM 4:43
TALLAHASSEE, FLORIDA

DR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: N01000003689

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

Please return all correspondence concerning this matter to the following:

Pamela Burch Fort

(Name of Contact Person)

(Firm/Company)

104 South Monroe Street

(Address)

Tallahassee, Florida 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Burch Fort

(Name of Contact Person)

at (850) 425-1344

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

05 SEP -7 PM 4: 52

SECRETARY OF STATE
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:

First Decade Fairness Project, Inc.

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

THIRD: Adoption of Dissolution
(*Complete Section I or II*)

SECTION I

If the corporation has members entitled to vote:

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 September 1, 2005

The number of directors in office was 3 and the vote for resolution was

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

FOURTH: Effective date of dissolution if applicable: September 7, 2005
(no more than 90 days after dissolution file date)

Signature Pamela Burch Fort
(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.)

Pamela Burch Fort
(Typed or printed name of the person signing)

Executive Director
(Title of person signing)

FILING FEE: \$35