

NO/000004415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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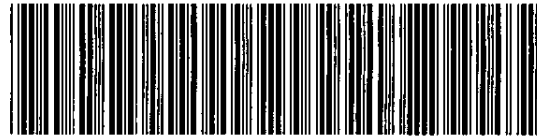
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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3-9-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** NO/000000 4415

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

Please return all correspondence concerning this matter to the following:

Mildred McBee  
(Name of Contact Person)

802 E. 6<sup>th</sup> Street  
(Address)

Apopka, FL 32703  
(City/State and Zip Code)

For further information concerning this matter, please call:

M. McBee at ( 407 ) 884-7203  
(Name of Contact Person) (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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2009

MILRED MCBEE  
802 E 6 ST  
APOPKA, FL 32703

SUBJECT: STARS FOUNDATION, INC.  
Ref. Number: ~~N00000004415~~

*Orange County Substitute Teachers Association, INC*

*N1000004415*

We have received your document for STARS FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 509A00005819

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAR -6 AM 8:00

\* Attn: Thelma

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

FILED  
09 MAR -6 AM 8:54  
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:  
Orange County Substitute Teachers Association, Inc.

SECOND: The document number of the corporation (if known): NO 1000004415

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  
February 12, 2009. 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 February 12, 2009

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: 2/12/2009  
(no more than 90 days after dissolution file date)

Signature Mildred McBee  
(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.)

Mildred McBee  
(Typed or printed name of the person signing)

Treasurer  
(Title of person signing)

**FILING FEE: \$35**