

NO1000004618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

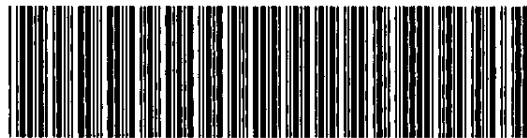
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800242901918

~~12-31-12~~ *dess*

12/26/12--01052--002 **35.00

FILED
2012 DEC 26 PM 12:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

OK
12/31/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF THE POLICY GROUP
FOR FLORIDA'S FAMILIES AND CHILDREN INC.

DOCUMENT NUMBER: ND1000004618

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

Please return all correspondence concerning this matter to the following:

KATE STOWELL

(Name of Contact Person)

THE POLICY GROUP FOR FLORIDA'S FAMILIES AND

(Firm/Company) CHILDREN INC.

111 EASTON DRIVE

(Address)

LAKELAND FL 33803

(City/State and Zip Code)

For further information concerning this matter, please call:

KATE STOWELL

(Name of Contact Person)

at (863) 651-8445

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" 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 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

12-31-12

FILED
2012 DEC 26 PM 12:13
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:

THE POLICY GROUP FOR FLORIDA'S FAMILIES AND CHILDREN, INC.

SECOND: The document number of the corporation (if known): NOI 01000 4618

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

NOVEMBER 13, 2012. 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: 12/31/12
(no more than 90 days after dissolution file date)

Signature Kate Stowell
(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.)

KATE STOWELL
(Typed or printed name of the person signing)

EXECUTIVE DIRECTOR
(Title of person signing)

FILING FEE: \$35