

110100000641.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

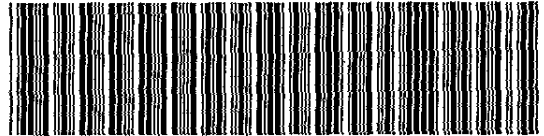
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



200069148482

04/03/06--01034--018 \*\*43.75

FILED  
06 APR -3 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dis

SH

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE NATIONAL ASSOCIATION OF THERAPEUTIC SCHOOLS AND PROGRAMS, INC.

**DOCUMENT NUMBER:** N01000006410

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

Please return all correspondence concerning this matter to the following:

Janice K. Moss

(Name of Contact Person)

National Association of Therapeutic Schools and Programs

(Firm/Company)

126 North Marina

(Address)

Prescott, AZ 86301

(City/State and Zip Code)

For further information concerning this matter, please call:

Janice K. Moss

(Name of Contact Person)

at ( 928 ) 443-9505

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input checked="" 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

**FILED**

06 APR -3 PM 12:24

**ARTICLES OF DISSOLUTION**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 National Association of Therapeutic Schools and Programs, Inc.

SECOND: The document number of the corporation (if known): N01000006410

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  
October 21, 2005

(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.**

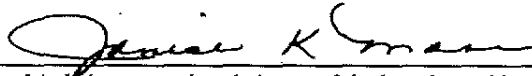
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was \_\_\_\_\_.

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: April 30, 2006  
(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.)

Janice K. Moss  
(Typed or printed name of the person signing)

Executive Director  
(Title of person signing)

**FILING FEE: \$35**