

NO20000000760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

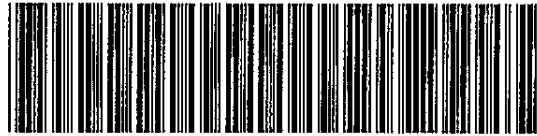
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05 SEP 12 AM 11: 02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DIES

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** N02000000760

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

Please return all correspondence concerning this matter to the following:

Thomas A. Sheehan, III

(Name of Person)

Moyle, Flanigan, Katz, Raymond & Shehan, PA

(Name of Firm/Company)

625 N. Flagler Drive, 9th Floor

(Address)

West Palm Beach, FL 33401

(City/State/and Zip Code)

For further information concerning this matter, please call:

Thomas A. Sheehan, III

at ( 561 )

659-7500

(Name of Person)

(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 &<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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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 HEALTH AND HUMAN SERVICES PLANNING ASSOCIATION, INC.

SECOND: The document number of the corporation (if known): N02000000760

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 8, 2005.

The number of directors in office was 13 and the vote for resolution was

8 for and 0 against. (must be a majority vote)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: Immediately Upon Filing  
(no more than 90 days after dissolution file date)

Signed this 8th day of September, 2005.

Signature Thomas A. Sheehan III  
(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.)

Thomas A. Sheehan, III  
(Typed or printed name of the person signing)

Chairman  
(Title of person signing)

**FILING FEE: \$35**

## PLAN OF DISTRIBUTION OF ASSETS

Pursuant to Section 617.1406, Florida Statutes, this Florida not for profit corporation adopts the following Plan of Distribution of Assets:

1. The name of the corporation as currently filed with the Florida Department of State is THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATION, INC.
2. The document number of the corporation is N02000000760.
3. The corporation has no members entitled to vote on the Plan of Distribution.
4. The date of adoption of the Plan of Distribution of Assets by the Board of Directors was September 8, 2005.
5. The number of directors in office was 13 and the vote for the Plan of Distribution of Assets was 8 for and 0 against.
6. The Plan of Distribution of Assets provides that all liabilities and obligations of the corporation be paid and discharged immediately.
7. Any assets remaining after the payment of liabilities and obligations of the corporation shall be distributed to the following 501(c)(3) charitable organization:

|   |          |
|---|----------|
| Palm Beach County Community Health Alliance, Inc. | \$500.00 |
| United Way Hurricane Fund                         | \$616.25 |

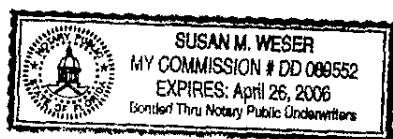
Signed this 8<sup>th</sup> day of September, 2005.

Thomas A. Sheehan, III  
Thomas A. Sheehan, III, Chairman  
THE HEALTH AND HUMAN SERVICES  
PLANNING ASSOCIATION, INC.

STATE OF FLORIDA                     )  
COUNTY OF PALM BEACH         )

Before me, the undersigned authority, personally appeared THOMAS A. SHEEHAN, III, who acknowledged before me that he signed the foregoing document for the purposes therein expressed this 8<sup>th</sup> day of September, 2005. He is personally known to me or he produced as identification.

(SEAL)



Susan M. Weser  
Notary Public

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## OFFICER'S CERTIFICATE OF COMPLIANCE

The undersigned Chair of THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATION, INC., hereby certifies the following:

The attached Plan of Distribution of Assets was adopted by the Board of Directors of THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATION, INC., in compliance with subsection 2 of section 617.1406, Florida Statutes.

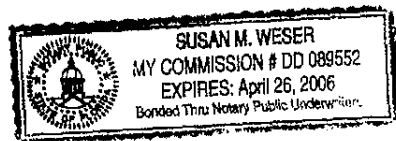
DATED: September 8, 2005

Thomas A. Sheehan  
Thomas A. Sheehan, III, Chairman  
THE HEALTH AND HUMAN SERVICES  
PLANNING ASSOCIATION, INC.

STATE OF FLORIDA                    )  
COUNTY OF PALM BEACH         )

Before me, the undersigned authority, personally appeared THOMAS A. SHEEHAN, III, who acknowledged before me that he signed the foregoing document for the purposes therein expressed this 8th day of September, 2005. He is personally known to me or he produced \_\_\_\_\_ as identification.

(SEAL)



Susan M. Weser  
Notary Public  
Print Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**MINUTES OF THE MEETING  
OF THE BOARD OF DIRECTORS  
OF  
THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATION, INC.**

A meeting of the Board of Directors of THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATION, INC., a Florida corporation (the "Corporation"), was held at 625 North Flagler Drive, 9<sup>th</sup> Floor, West Palm Beach, Florida 33401 on the 8<sup>th</sup> day of September, 2005, at 3:30 p.m. There were present in person or by telephone a majority of the Board of Directors (which satisfied the Corporation's quorum requirements).

Upon motion duly made, seconded and carried (for 8 and against 0), the Minutes of the May 12, 2005 meeting were approved.

Upon motion duly made, seconded and carried (for 8 and against 0), it was:

RESOLVED:

That the Corporation suspend all operations immediately and file Articles of Dissolution with the Secretary of State's office dissolving the Corporation.

Upon motion duly made, seconded and carried (for 8 and against 0), it was:

RESOLVED: that the following Plan of Distribution of assets be implemented immediately.

All debts, liabilities and obligations of the Corporation shall be paid forthwith and the balance of the assets thereafter remaining shall be distributed as follows:

|   |          |
|---|----------|
| Palm Beach County Community Health Alliance, Inc. | \$500.00 |
| United Way Hurricane Fund                         | \$616.25 |

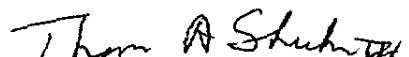
Upon motion duly made, seconded and carried (for 8 and against 0), it was:

RESOLVED, that the president of the Corporation is authorized to make distributions, and sign and file documents, in accordance with the foregoing to effectuate the said Plan of Distribution of Assets and the dissolution of the Corporation.

Upon motion duly made, seconded and carried (for 8 and against 0), it was:

RESOLVED: that the meeting be adjourned.

DATED: September 8, 2005

  
\_\_\_\_\_  
Thomas A. Sheehan, III, Chair