

1102000004393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

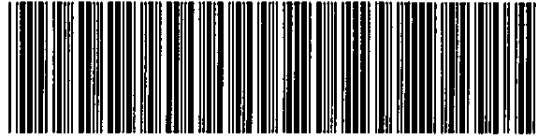
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800102297578

05/14/07--01061--004 \*\*35.00

FILED

07 MAY 14 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-SS  
*[Handwritten signature]*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Non-Profit

**DOCUMENT NUMBER:** NO2000004393

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

Please return all correspondence concerning this matter to the following:

Charles Nofal  
(Name of Contact Person)

A.I. Foundation, Inc.  
(Firm/Company)

10190 Scott Mill Rd.  
(Address)

Jacksonville, FL 32257  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Nofal at ( 904 ) 427-0573  
(Name of Contact Person) (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**  
07 MAY 14 PM 2:00  
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:

A.I. Foundation, Inc.

SECOND: The document number of the corporation (if known): NS2000004393

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  
4/1/2007 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:

4/1/2007

(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.)

Christopher Nofel

(Typed or printed name of the person signing)

Trustee

(Title of person signing)

**FILING FEE: \$35**