

No2000005517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

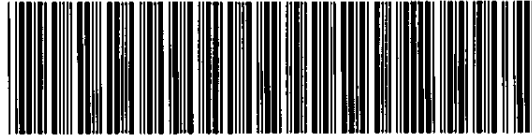
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATE AFFAIRS
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NOV 29 2016

C LEWIS

LILLIG & THORSNESS, LTD.

Attorneys at Law

1900 SPRING ROAD, SUITE 200
OAK BROOK, ILLINOIS 60523-1495

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WALTER W. MORRISSEY
wmorrissey@lilliglaw.com

November 18, 2016

Via UPS Standard Delivery

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Corporation Docket No.: N02000005517
Recovery Circles Foundation, Inc., a Florida Not-for-profit Corporation

Dear Sir or Madam:

The filings made on behalf of Recovery Circles Foundation, Inc. enclosed with this letter are as follows:

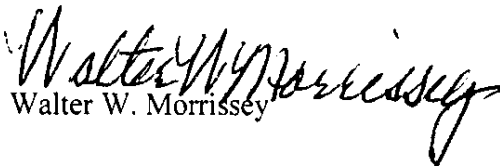
1. Cover letter;
2. Articles of Dissolution; and
3. Notice of Corporate Dissolution.

This firm's check is enclosed payable to the Florida Department of State Division of Corporations in the amount of \$43.75 in payment of the filing fee and Certificate of Status. Your assistance in this matter is appreciated.

If you have a question, please call me.

Very truly yours,

LILLIG & THORSNESS, LTD.


Walter W. Morrissey

WWM/dk
Enclosures

cc: Kathleen G. Ford

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RECOVERY CIRCLES FOUNDATION, INC.

DOCUMENT NUMBER: N02000005517

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

Please return all correspondence concerning this matter to the following:

Walter W. Morrissey

(Name of Contact Person)

Lillig & Thorsness, Ltd.

(Firm/Company)

1900 Spring Road, Suite 200

(Address)

Oak Brook, IL 60523

(City/State and Zip Code)

For further information concerning this matter, please call:

Walter W. Morrissey

(Name of Contact Person)

at (

630

)
(Area Code)

571-1900

(Daytime Telephone Number)

Enclosed is a check for the following amount:

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

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:
Recovery Circles Foundation, Inc.

SECOND: The document number of the corporation (if known): N02000005517

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 meeting of members at which the resolution to dissolve was adopted

_____. 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 November 30, 2016.

The number of directors in office was 5 and the vote for resolution was 5 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: December 1, 2016
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: Kathleen G. Ford
(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)

Kathleen G. Ford

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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DIVISION OF CORPORATIONS
RECEIVED

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: RECOVERY CIRCLES FOUNDATION, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

information regarding the nature and amount of the claim as well as any documentation related thereto, including but not limited to, any contracts, correspondence or other understandings relative to the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Walter W. Morrissey, Esq.

Lillig & Thorsness, Ltd.

1900 Spring Road, Suite 200

Oak Brook, IL 60523

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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Kathleen G. Ford, President

Printed Name of the Person Filing

Kathleen G. Ford

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00