

102000009726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

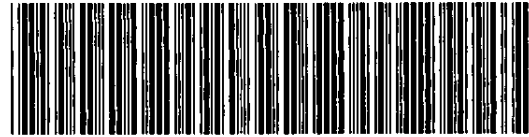
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/20/12--01026--001 **55.50

2012 AUG 20 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D.99 / 12/12/12 / 12/12/12
8/21/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: NO2000009726

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

Please return all correspondence concerning this matter to the following:

Scott Mendelsberg
(Name of Contact Person)
Miami-Dade Fire Rescue
(Firm/Company)
9300 NW 41 Street
(Address)
Miam, FL 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Mendelsberg at (786) 331 5121
(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

ARTICLES OF DISSOLUTION

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2012 AUG 20 PM 2:31
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:
Metro Dade Firefighters Wellness Center
- SECOND: The document number of the corporation (if known): NO2000009726 Inc.
- 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
_____. 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 February 9, 2011

The number of directors in office was 7 and the vote for resolution was
5 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: _____
(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.)

(Typed or printed name of the person signing)

(Title of person signing)

FILING FEE: \$35

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: Metro Dade Firefighter Wellness Center
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:

Description of services provided and
documentation of amounts owed
and dates of goods delivered
OR services provided.

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

9300 NW 41 Street
Doral FL 33178

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.

Scott Mendelsberg
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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