## N03000005777

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
	•	٤. د
(Do	cument Number)	•
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600277592776

10/05/15--01014--010 \*\*35.00



OCT 1 9 2015 C MCNAIR

007 0 7 2015 C MCNAIR



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2015

SHEILAH JEWARD NATIONAL NEUROTRAUMA SOCIETY 9037 RON DEN LANE WINDERMERE, FL 34786

SUBJECT: NATIONAL NEUROTRAUMA SYMPOSIUMS, INC.

Ref. Number: N03000005777

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Not for Profit Corporation.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 115A00021249

事品に長いED 5 0CT L9 AN IO: 13 New Form attached Thanks!

7

## COVER LETTER

10. Amendment Section	
Division of Corporations	
	06719
SUBJECT: National Neurotrauma Symposium	ıs, Inc
DOCUMENT NUMBER: N03000005777	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Sheilah Jewart, Executive Director	
(Name o	of Contact Person)
National Neurotrauma Society	
(Fi	rm/Company)
9037 Ron Den Lane	
(	Address)
Windermere, FL 34786	
(City/S	tate and Zip Code)
For further information concerning this m	natter, please call:
Sheilah Jewart	at ( <sup>407-876</sup> -0750
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
■ \$35 Filing Fee □ \$43.75 Filing Fee &	& □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,
Certificate of Status	
<del></del>	(Additional copy is Certified Copy
	enclosed) (Additional copy is
	enclosed)
<b>MAILING ADDRESS:</b>	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	· u···································

## 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: NATIONAL NEUROTRAUMA SYMPOSIUMS, INC N03000005777 SECOND: The document number of the corporation (if known): 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 \_ The number of directors in office was and the vote for resolution was and 0 \_ against. (Must be a majority vote) **FOURTH** Effective date of dissolution, if applicable: (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: (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) C. EDWARD DIXON (Typed or printed name of person signing) PRESIDENT

Filing Fee: \$35

(Title of person signing)