

**NO300011049**

Division of Corporations

**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**S TALLENT**

**AUG 28 2017**

**DISSOLUTION OR WITHDRAWAL  
THE REFUGE, A HEALING PLACE, FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	1
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*v/D w/notice*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Refuge, A Healing Place, Foundation, Inc.

**DOCUMENT NUMBER:** N03000011049

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

Please return all correspondence concerning this matter to the following:

Jon P. Gaston

\_\_\_\_\_  
(Name of Contact Person)

Waller Lansden Dortch & Davis, LLP

\_\_\_\_\_  
(Firm/Company)

511 Union Street, Suite 2700

\_\_\_\_\_  
(Address)

Nashville, Tennessee 37219

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon P. Gaston at ( 615 ) 850-8914  
\_\_\_\_\_  
(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

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 Refuge, A Healing Place, Foundation, Inc.

SECOND: The document number of the corporation (if known): N03000011049

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 August 22, 2017

The number of directors in office was 3 and the vote for resolution was 2 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)

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: [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 L. Howard

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

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17 AUG 25 AM 9:16

**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, E.S.*

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

Name of Corporation: The Refuge, A Healing Place, 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:*

Any person submitting a claim against the Corporation must submit a written claim to the Corporation at the mailing address set forth below. Such written claim (i) must state the specific dollar amount of the claim, (ii) must set forth a detailed explanation of the basis of the claim and the specific events giving rise to the claim, including, but not limited to, the corresponding dates of such events, and (iii) must have any and all supporting documentation serving as the basis of such claim attached thereto.

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

The Refuge, A Healing Place, Foundation, Inc.

6100 Tower Circle

Suite 1000

Franklin, Tennessee 37067

*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.*

Christopher L. Howard, Secretary of Corporation

*Printed Name of the Person Filing*



*Signature of the Person Filing*

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