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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SOUTHWEST FLORIDA MEDICAL RESERVE CORPS. FOLWDATION, INC
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
L. CLARK HAM ILTON
(Name of Contact Person)
(Firm/Company)
1332 SAND CASTLE ROAD (Address)
SAVIBEL FL 33957 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (703) 244 7412 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Certified Copy (Additional copy is enclosed)

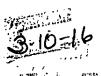
MAILING ADDRESS:

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: 16 FEB ~4 PM 2: 56 The name of the corporation as currently filed with the Florida Department of State: FIRST: SOUTHWEST FLORIDA MEDICAL BESERVE SECOND: The document number of the corporation (if known): NOT 00000 309 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 number of directors in office was 13 and the vote for resolution was 13 for and _____ against. (Must be a majority vote) MARCH 10 2016 (no more than 90 days after dissolution file date) Effective date of dissolution, if applicable: **FOURTH** 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) PEASUREIR SCOTHWEST FLORIDA MER FOUNDATTOWTHE

Filing Fee: \$35