

ND5000005411

(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:

Wrongform

Office Use Only



900279121059

11/19/15--01016--005 **35.00

FILED
15 DEC 17 AM 5:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VD

DEC 18 2015

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mothers For TBI Hope, Inc.

DOCUMENT NUMBER: N05000005411

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

Please return all correspondence concerning this matter to the following:

Tracy Porter

(Name of Contact Person)

Mothers For TBI Hope, Inc.

(Firm/Company)

728 Ginger Mill Dr.

(Address)

St. Johns, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Porter

at (904-657-1424

(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



Mailed 12/9

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2015

TRACY PORTER
728 GINGER MILL DR
ST. JOHNS, FL 32259

SUBJECT: MOTHERS FOR TBI HOPE, INC.
Ref. Number: N05000005411

We have received your document for MOTHERS FOR TBI HOPE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida for profit corporation, but your entity is a Florida not for profit corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 515A00024700

RECEIVED
15 DEC 17 AM 10:56

*See attached
Sorry!*

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:

Mothers For TBI Hope, Inc

SECOND: The document number of the corporation (if known): N05000005411

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 8/24/2015

The number of directors in office was 10 and the vote for resolution was 10 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 8/24/2015
(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: Tracy A Porter

(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)

Tracy A Porter

(Typed or printed name of person signing)

President/Founder

(Title of person signing)

Filing Fee: \$35

FILED
18 DEC 17 AM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA